

# THE AMERICAN JOURNAL OF NURSING

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## EDITORIAL COMMENT



### PLACE OF THE YOUNG GRADUATE

As we glance over the notices of the commencement exercises recorded in our pages at this season of the year, and note the long lists of names of young women who are ready to take their places in the nursing world, the question sometimes arises, What are they all going to do? Where is there room for them?

Of one thing we may be sure, that the old saying, "There is always room at the top," holds true in the nursing profession as well as everywhere else. If all these young nurses are entering the field of action filled with the highest ideals, full of zeal for the public welfare, eager to be of service to suffering humanity, there cannot be too many of them. Never has there been a time or place in which there were too many good, earnest, unselfish nurses, though there are often sections that are overcrowded with the self-seeking and mercenary.

It is interesting to note how the demands for special lines of nursing service change as the years go by, and how each set of recruits finds its own special field awaiting it. In the beginning of training-school days, the nurses who graduated were pioneers, sent out to break paths for the rest of us both in hospitals and in homes, and how well they did it we sometimes forget to consider. Then, as schools increased, there came growing demands for superintendents, almost more than could be filled. Private duty always has and always will demand the services of a great portion of our graduates, but the fields that seem now in special prominence and specially in need of workers are those connected with the various forms of social service. Work for the insane, for the tubercular, for school children, for convalescents discharged from hospitals, for those who visit dispensaries, for the poor in their homes, all these are calling for specially trained workers and fortunately our schools are rising to meet the demands and are sending out nurses who have special opportunities along some of these lines.

Our longer period of training, our better teaching, our improved opportunities of seeing many sides of philanthropic as well as nursing work, all demand a higher and finer service from those privileged to enjoy such opportunities. Higher education brings with it increased obligations. All these improvements are not for our own selfish use but are to fit us to be better instruments for the use of humanity.

One call which should meet with a ready response from every right-minded young worker is that to the Red Cross service. How triumphant we should feel if every name of every graduate were at once enrolled on the reserve list, and there is no reason why the names should not be there. In time of war or calamity only those who are at the time free from professional duties are expected to respond, but for just that reason there must be a long list to choose from. The Red Cross nurses are also the army reserve corps and stand back of the regular army nursing service just as the militia stand back of the army. Although all nurses are welcome to enlist, the appeal is made especially to the young and vigorous, those who would be able in an emergency to put up with irregular food and sleep, long hours of travel, and work under unusual conditions. Every true nurse would be glad to meet such conditions but those older in the fray might prove physically unequal to the demand.

In welcoming the new graduates to our ranks, let us hope that they will bring fresh courage and new ideas while we, in turn, share the results of our experience with them.

#### NURSING IN MISSION STATIONS

Two years ago, a department was started under this heading with the hope that it might prove a means of communication between the many nurses of many creeds who are scattered over the face of the earth, whose aim in life is the same,—to bring the knowledge of healthful methods of living to those who are deep in superstition and ignorance. The result has exceeded our expectations, and our only difficulty has been to choose from the material sent us that which should come first. Just at present the Visiting Nurse and Mission Stations departments are being alternated because of lack of available space in the JOURNAL.

Some one asked us recently just what the work of a missionary nurse is. That would be hard to say. She is always the physician's assistant in his hospital and dispensary work. She is usually both matron and superintendent of the hospital as well, and possibly she will have a band of native women to train, teaching them, it may be, reading and writing, in addition to nursing. She may find text-books already translated for her use. She may find nothing prepared and may make her own text-books from old ones of her own, or from articles in nursing magazines, translating enough for a lesson at a time. She must always, of course,

master the language of the country in which she works, and if she possesses any accomplishments, either useful or ornamental,—such as cooking, sewing, singing, playing the organ,—she may be sure they will be needed. Reports come to us of nurses who have planned new buildings, overseeing the work themselves; of others who have planned systems of sewerage, drainage, etc. Any one who is weary of the ordinary routine of civilization will find her powers taxed in new ways on the mission field, but no one should attempt missionary nursing who is not prepared to put up with many personal discomforts and to cling to her faith in humanity in the face of dirt and degradation.

Already nursing associations are being formed in different countries where, a short time ago, trained nurses were unknown. In China there is a movement toward organization, a call having been sent out by Dr. Cousland of Shanghai, and the editor of the *China Medical Journal* has offered space in his magazine for a nursing department. A great deal of the higher educational work in China is on the interdenominational plan, and it is to be hoped that the nursing societies will organize in the same way.

In Nanking, China, a Union Nurses' Training School has been established and has graduated its first class.

In India the recently formed Association of Nursing Superintendents, while not a missionary organization, includes missionary nurses in its membership.

In England the Nurses' Missionary League has a membership of 942; of whom 294 are volunteers—those who expect to do missionary nursing. The League supports five beds in mission hospitals and a native nurse in India.

Various new branches of medical and philanthropic work are opening, such as the school in Pau-ting-foo, China, for deaf and dumb, and the Light Giving School for Blind Girls in Canton. In a country where the proportion of blind is so great, this seems to be the only place of instruction for those so afflicted. The natural fate of a blind girl there is to be sold into a life of shame. Dr. Mary Niles, who has carried on this school from the beginning, undertook it because she was so moved by the pitiable condition of her blind patients. She teaches these girls to read and write by the Braille system and they also learn to sew, to knit, to do housework, to sing, and to play. The graduates have proved most valuable as Bible women and teachers. If China, in its awakening, establishes blind schools of its own these women will be in demand as teachers. There is as yet no provision for teaching blind boys.

There are many dark places in our own land as is shown by two communications in our letter department in this JOURNAL. When a nurse

finds ignorance and filth in the home to which she is called, the spirit with which she enters the house will make or mar her usefulness. If she is critical in her attitude, feeling superior to those about her, and keeping her thoughts chiefly on her own comfort, she will do very little good either as a woman or a nurse. If she can adapt herself to her environment and bring order out of chaos without demanding the impossible or making others uncomfortable by her disdain, she is a true missionary.

Such conditions in our own land may be described as islands of darkness in a sea of light, while the mission stations in foreign lands may be called islands of light in a sea of darkness. We cannot realize the cruelties inflicted on women and little children where superstition and ignorance take the place of medical science.

A quotation from Miss Bender, of Shanghai, shows what problems confront our missionary nurses: "Not until we have good capable nurses in our mission hospitals will the hospital amount to very much, and unless we nurses undertake the responsibility of training the native women as nurses they will never be trained. Taking in a few coolies or unqualified women and trying to make them answer is not the best that we can do."

#### FLIES AS CARRIERS OF DISEASE

THE New York Education Department in *Bulletin* 129 has issued a pamphlet on "The Control of Household Insects," by Ephraim Porter Felt, D.Sc., from which we have taken the following facts about the common house-fly:

Flies have been proven to be the carriers on their hairy legs and in their bodies of the bacilli of typhoid, cholera, tuberculosis, and certain forms of diarrhoea. Under certain conditions they may aid in spreading smallpox, plague, trichoma, septicæmia, erysipelas, and leprosy, and play an important part in the mortality of bottle-fed babies. They breed by preference in horse manure, to a limited extent in cow manure and in miscellaneous filth. One fly may deposit one hundred and twenty eggs; the young maggots hatch in less than twenty-four hours, completing their growth in from five to seven days. The life circle is complete in from ten to fourteen days and there may be ten or twelve generations in a season. Twelve hundred flies may be bred from one pound of manure. Fly specks have been found to contain the bacilli of cholera. Flies usually breed within from three to five hundred feet of the place where they are abundant. They do not breed in the dark.

Garbage and refuse receptacles should be tight and closely covered. Manure pits should be screened and emptied at least once a week, or the manure kept in dark closely covered concrete pits. The old fash-



ioned privy box should be abolished when possible. It may be screened and used as an earth closet. We have seen this easily done by using the ashes from the kitchen stove in sufficient quantity to keep the pit dry and the contents covered; this also controls the odor that makes so many country yards offensive.

In the crusade against the common house-fly nurses will play an important part—preaching the gospel of screens and cleanliness, showing the ignorant and careless how to clean up the breeding places if near at hand, and how to protect the food, the baby, and the house from the invasion of those disease-carrying little legs and bodies.

That terrible little boy whose evil nature was early manifested by a persistent determination to catch flies and pull out their legs and wings can no longer be held up to the children of the future as an example of cruelty and wickedness. He has been wiser than his generation, that is all, guided by an inherent instinct of self-preservation.

#### CENTRAL REGISTRIES

In this number we have given a little paper read at the tenth anniversary of the Boston Nurses' Club which furnishes a history of the origin and development of one of the first central registries managed by a nursing organization. Previous to the establishment of the Boston Nurses' Club the registry in Boston had been conducted on lines similar to those of Philadelphia, under the auspices of a medical library. When the nurses broke away from the dominance of the medical society and established a registry of their own, it was considered to be a step of very grave responsibility, with the chances of failure seeming to be great.

The success of the Boston Nurses' Club and its directory should give assurance and courage to the nurses in all of the great centres who are hesitating to establish a central registry of their own.

One of the notable events of the year has been the organization, on the basis of a stock company, of a central registry in Baltimore under the auspices of the Maryland State Association. Previous to that we have had successful central directories in Washington, Cleveland, and other smaller places, which have been notably successful; in fact we have yet to hear of the failure of any that has been established by nurses.

We believe the establishment of central directories to be a necessity, more especially in those states that now have laws in operation for state registration, that there may be a place to which the people naturally turn in order to secure registered nurses.

#### THE TUBERCULOSIS SCHOLARSHIP

It may not be perfectly clear to everyone that the tuberculosis scholarship is open to nurses of the whole country. The chairman of the committee having the work in charge is Miss Goodrich, of Bellevue

and Allied Hospitals, with Miss McKechnie, of Nassau Hospital, as secretary, and an outline found in the official announcements gives further details of how to make application. We wish again to recall to our readers that this fund is the surplus of money contributed for a nurses' exhibit at the Tuberculosis Congress in Washington last year, left after all claims had been met.

#### PROGRESS OF STATE REGISTRATION

We hear that the Pennsylvania bill has been signed by the Governor, but we have not received any official announcement or a copy of the bill for publication.

We publish in this issue the bill passed by the Missouri state legislature which became a law on May 5. While on first reading there seem to be some questionable conditions in the Missouri bill, the fact that they are undefined and capable of varying interpretation may be construed as giving breadth for greater development than seems apparent.

As we close our pages a telegram reaches us with the news that the Michigan bill has passed the senate.

#### THE CONVENTIONS

As this number of the JOURNAL goes to press, a number of the far-away members of the national societies will already have begun to journey toward Minneapolis. The Minnesota nurses have been such faithful supporters of our national work and have been so anxious to have us meet with them that we hope they may have in their midst one of the very best of our conventions, and certainly it is an unusual honor to have all three at once, the Superintendents, the Federation, and the Associated Alumnae. The JOURNAL extends greetings for profitable meetings and happy reunions of old friends.

#### MISS MCISAAC'S WITHDRAWAL

The associations affiliated with the Associated Alumnae have learned through the secretary of the withdrawal of Miss McIsaac's name as candidate for the presidency. This news has been received with regret in every part of the country as she was the unanimous choice of the affiliated societies. At the Minneapolis meeting nominations for the presidency will have to be made from the floor.

Miss McIsaac's reasons for withdrawing could not have been foreseen; they were entirely personal and arose most unexpectedly at the eleventh hour. She received an offer to engage in remunerative literary work which she must avail herself of and which would leave her neither time nor strength for other demands.

## SPECIAL DIETS AND TEST-DIETS AS PREPARED IN THE NURSES' DIET KITCHEN OF THE MASSA- CHUSETTS GENERAL HOSPITAL

By E. GRACE McCULLOUGH  
Dietitian, Massachusetts General Hospital

To meet the needs of the dietetic regime, which stands for so much in the treatment of many diseases to-day, we find in the large majority of hospitals a dietitian, a diet kitchen, and the nurses trained to intelligently carry out feeding orders in a place set apart where such important work can be done, equipped with suitable appliances and founded upon hygienic and economic lines.

In a well-appointed diet kitchen at the Massachusetts General Hospital, Boston, the nurses have ample opportunities for a broad, general knowledge along the lines of this important subject. After courses of lectures and practical cooking each nurse has a six weeks' service in the diet kitchen where she spends the entire working hours in the preparation and study of foods for the various diseases as ordered by the doctors.

Apart from the usual diets found in hospitals and known as: house diet, house diet with care, extra diet, enteric diet, liquids with and without milk, soft solids or light diet, there are a number of special diets requiring special care in the preparation and serving.

Much stress is laid upon test-diets in order to determine the ability of the patient to properly assimilate fats, proteids, or carbohydrates. These test-diets are known as "fat-free days," "sugar-free days," "vegetable days," "oatmeal days," and a diet giving the proper amount of bulk, containing little proteids and carbohydrates, with the caloric value of the fat so low that it is styled "starvation day."

The main test-diet is the Schmidt diet as modified by Dr. Hewes.<sup>1</sup> It runs three days, beginning with breakfast, and is as follows:

*Schmidt Diet.*—Morning. Fifty grammes zwieback;  $\frac{1}{2}$  litre oatmeal gruel, made of 40 grs. rolled oats, 200 c.c. milk, 300 c.c. water, 1 egg, 10 grs. butter. 11 A.M.  $\frac{1}{2}$  litre milk.

Noon. 125 grs. chopped beef broiled and made palatable with 20 grs. butter; 250 grs. potato mashed with 10 grs. butter; 50 grs. toast. 4 P.M. One-half litre milk.

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<sup>1</sup> Dr. Hewes, Physician to Out-Patients, Massachusetts General Hospital.

Night. Same as morning. (Stools third and fourth days.)

It is carefully weighed, measured, and prepared, and one-fifth additional of the amount served is sent to the laboratory for analysis. All the patient does not consume is weighed and deducted; all urine and faeces are calculated.

*Gastric Ulcer Diet.*—As gastric ulcer is the breaking down of gastric epithelium, there is a disturbance of the stomach circulation and hyperacidity of the gastric juice. The diet consists in abundance of proteid food carefully given under the assumption that the excess of acid in the stomach will be neutralized, thereby facilitating the healing of the ulcer. During the critical stages of the disease only food by enema is prescribed. When food by mouth can be given it begins with very small amounts at short intervals. There are two diets in use as follows:

1. "The Lenhart Diet." The "Lenhart diet" begins with 100 c.c. milk and one egg daily, in teaspoonful doses, gradually increasing until at the end of four weeks a liberal mixed diet is allowed, always avoiding coarse vegetables and irritating substances.

The gradual increase of food appears in the accompanying scale.

In preparing the eggs they are beaten very light, *without salt*, a small amount of sugar frequently added, the bowl kept in a pan of cracked ice. At first the milk is given with shaved ice. Some of the milk, eggs, and sugar are made into custard on the tenth day. The beef is scraped and weighed after cooking; the ham is chopped very fine; occasionally lime water has to be added to the milk, and, if large curds form, the milk is diluted with barley water. Great care is exercised in the transition stages from liquids to semisolids and finally to full diet.

2. Dr. Hewes's Diet for Gastric and Duodenal Ulcer. Two oz. milk, 1 soda cracker (powdered), 1 oz. sugar, every two hours. Give two to three days, then increase to 6-8 oz. milk, 1-2 oz. sugar, 4 soda crackers, every two hours. Continue for two to three weeks, then adopt the following: Eight feedings in 24 hrs.: (1) milk and crackers; (2) Indian meal porridge with cream or salt; (3) potato purée, jelly; (4) milk and whites of two eggs; (5) soft custard; (6) hot chocolate; (7) pea purée strained through fine wire mesh; (8) milk and crackers.

"The dietary regulations for kidney diseases are based upon two general principles. First, to save the diseased organ all superfluous work, second, to eliminate all irritants from the diet that would stimulate it to increased effort" (von Noorden). Another factor in selecting the diet is to determine which (end) products are readily excreted from the diseased kidney and which are not, and to exclude all those articles

(x kind?)

of food whose end products are eliminated with difficulty. In this way the organ is protected from an accumulation of waste products more or less toxic.

*Lenhart's Diet.*

Day	Eggs	Milk	Sugar	Meat	Rice	Grain	Ham	Butter		
		cc	grs	grs	grs	grs	grs	grs		
1	1	200								
2	2	200								
3	3	300								
4	4	400	20							
5	5	500	20							
6	6	600	30							
7	7	700	30	35						
8	8	800	40	70	100					
9	8	900	40	70	100	20				
10	8	1000	50	70	200	40				
11	8	1200	50	70	200	40	50	50		
12	8	1000	30	70	300	60	50	40		
<i>Continued for 3 weeks.</i>										

Among the important renal diseases we find nephritis, diabetes, and oxaluria. Nephritis, being acute inflammation, is characterized by different conditions with many symptoms calling for various treatments. Although theoretically milk and eggs should be excluded from the diet,

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*Lenhart's Diet.*

Day.	Eggs	Milk cc	Sugar grs	Meat grs	Rice grs	Guinea grs	Ham grs	Butter grs		
1	1	200								
2	2	200								
3	3	300								
4	4	400	20							
5	5	500	20							
6	6	600	30							
7	7	700	30	35						
8	8	800	40	70	100					
9	8	900	40	70	100	20				
10	8	1000	50	70	200	40				
11	8	1000	50	70	200	40	50	50		
12	8	1000	30	70	300	40	50	40		
<i>Continued for 3 weeks.</i>										

Among the important renal diseases we find nephritis, diabetes, and oxaluria. Nephritis, being acute inflammation, is characterized by different conditions with many symptoms calling for various treatments. Although theoretically milk and eggs should be excluded from the diet,

milk still holds first place, but the rigid enforcement of a milk regimen has practically been given up owing to counter difficulties. Dropsy may be considered almost a constant symptom. To do away with the fluid, salt is entirely excluded from the diet and the amount of liquid reduced as necessary.

*Diet for Acute Nephritis, Uric Acid Gravel* (Dr. Hewes).—Four days. Milk, 800 c.c.; 32 per cent. cream, 300 c.c.; bread, 200 grs.; butter. Feed six times a day with mixture of milk, 150 grs.; cream, 1 oz.; bread,  $\frac{1}{2}$  slice.

Fifth day adopt the following: milk, 800 c.c.; cream, 300 c.c.; rice, 50 grs.; tapioca, 50 grs.; bread, 100 grs. Occasionally ice cream or custard.

Vary diet from day to day in above limits. If oedema is present and fails to disappear change above to dry salt-free diet. At the start give no more liquid than above; after the oedema is gone water can be given as desired.

*Special Dry Salt-free Diet*.—Morning. Salt-free bread, 2 slices (toasted if desired); an abundance of salt-free butter; maple syrup if desired. 10 A.M. Rice with small amount of cream or sugar (no syrup).

Noon. Mashed potatoes with butter, *no salt*; salt-free bread, 2 slices; salt-free butter. 4 P.M. Rice, tapioca, or baked custard.

Supper. Salt-free bread, 2 slices; salt-free butter; 2 eggs, soft cooked; 1 orange daily.

*Caution*. Limit liquids to one pint a day, including milk and water.

*Salt-free Nephritic Diets* (Halpin).—No. 1. Milk, 1500–2000 c.c.; white salt-free bread, 400–500 grs.; butter (salt-free), 40 grs.; eggs, 4–6. (5–6 grs. NaCl contained.)

No. 2. (Widal and Gadewude.) Salt-free bread, 200 grs.; salt-free butter, 50 grs.; salt-free beans or rice, 250 grs.; meat, 200 grs. (beef, chicken, or mutton); sugar, 40 grs. (1500 calories.) (1–2 grs. NaCl contained.)

No. 3. Potatoes, 700 grs.; salt-free bread, 200 grs.; salt-free butter, 50 grs.; cream cheese 50 grs. (2000 calories.) ( $1-2\frac{1}{2}$  grs. NaCl contained.)

No. 4. Potatoes, 1000 grs. without salt; meat, 400 grs. without salt; salt-free butter, 80 grs.; sugar, 100 grs. (2000 calories.) (1–2 grs. NaCl contained.)

No. 5. Potatoes, 16 oz. (without salt); rice, 6 oz. (without salt); meat, 4 oz. (without salt); cream, 8 oz.; eggs, 2 (without salt); sugar to taste.

*Diabetes.*—Diabetes is defined as a disease where there is an excess of sugar, as glucose, in and excreted by the urine. In no other disease does the regulation of the diet so strongly apply. Dr. Kuelz emphasizes that it must be carefully selected for every case. So many things have to be taken into account that it is impossible to have any hard and fast rules, but remember, "It is men we have to treat, not symptoms."

The disease is due to a disturbance of the metabolism, with several organs involved. Recognizing the digestion of carbohydrates, it naturally follows that they are the first to be eliminated from the diet. The first essential is to ascertain what is known as the "tolerating power" of the individual, which is secured by test-diets. All diabetic breads, gluten flours, and similar articles have been abolished, as in the old order, owing to the fact that they all contain a high percentage of starch, and many of those advertised are frauds. It is considered better to give a definite number of grammes of good white bread with the starch percentage known, usually beginning with 100 grs., reducing to 50 grs., then 25 grs., and finally to none at all. The time of day for this intake of carbohydrate is considered. Many patients in the early morning, when the stomach is empty, are very sensitive, and the sugar content immediately rises. The action of certain carbohydrates is different in patients; some can tolerate the sugar in milk better than the same amount in starch; some bear the starch of oats or potatoes better than that of wheat or rye.

So great is the tissue hunger, as in severe cases, that when the carbohydrates are excluded from the diet and the stored up glycogen can no longer supply the demand, the proteid is attacked and as a last resource the fats are called upon to yield up sugar (von Noorden).

Authorities consider that, of the proteids, sugar is most readily transformed from casein; the next resulting from the legumens (peas, beans, lentils); egg albumin and the albumin of cereals have the least power of producing glycosuria.

The presence of acetone bodies is assumed to be due to the absence of carbohydrates and to the action of the lower fatty acids. As vegetable fats and the fat of lean meat contain very little of the lower fatty acids, they can form a large part of the diet. Butter is the only ordinary article of food that contains a large amount, in the form of butyric and acetic acids, and as they are soluble in water a thorough washing of the butter will almost do away with this condition.

*Diabetic Diet (Strict—Sugar-free).*—Contains about 20 grs. of carbohydrates, calories 2800, proteid 110 grs.

Breakfast. Bacon, 100 grs.; eggs, 2; orange, 1; coffee with saccharine and cream. 11 A.M. Cheese—cream or Swiss, 50 grs.

Noon. Beef, veal, lamb, or chicken, 100 grs.; lettuce or tomato salad with oil; spinach, onions, cabbage or cauliflower, olives; custard made of eggs and cream with saccharine, or ice cream made the same way. 4 P.M. Soft cooked egg with butter.

Supper. Fish, 100 grs.; cucumber salad with oil; asparagus or beet tops; mushrooms, nuts; give all cream and butter possible. Vary diet within above limits. Sixty per cent. centrifugal cream is used, diluted with water.

At start give above diet with addition of 200 grs. bread. After 2-4 days decrease bread gradually 100 Gm.-50 grs. to strict diet. If acidosis increases with strict diet, give large doses of soda. Control in this way, and by changing diet.

If patient has increasing acidosis on strict diet and soda 8 oz. a day, try method of starvation one day, vegetable diet (no carbohydrate) one day, oatmeal, 250 grammes one day, alternating. The same plan may be tried if there is failure to get sugar-free urine on strict diet; but first try plan of cutting down proteid on strict diet, replacing with more cream and butter, as sugar is made from proteid. Keep on strict diet one month after using sugar-free—then add bread 25 grs., etc.

*Oxaluria Diet.*—Oxaluria, as the name signifies, is an excess of oxalate of lime in the form of crystals in the urine, usually affecting the nervous, irritable dyspeptic. It is considered that possibly the frequency of the disease among the poorer classes is due to an excessive vegetable diet, sugar and starch foods, combined with irritating activities. The diet should be carefully regulated though liberal. All vegetables and drugs containing oxalates must be avoided; all lime or hard water should be forbidden and replaced by boiled or distilled water. Sugar should be prohibited, coffee and tea replaced by milk.

Avoid asparagus, celery, cauliflower, green beans, tomatoes, spinach, rhubarb, potatoes, sorrel, carrots, parsnips, berries, apples, pears, plums, grapes, chocolate, and cocoa. Cut carbohydrates low. Give this: (1) eggs, toast, milk; (2) meat or fish, green vegetables, except those forbidden; peas, onions, custard, fruit, ice cream; (3) cereals, cold meat, cooked fruit, except forbidden forms.

*Special Fat-free Diet.*—Breakfast. Lean meat, 100 grs.; toasted bread, 50 grs.; coffee with a little milk and saccharine (no butter, no cream, no sugar). 11 A.M. Albumin water of 2 eggs.

Noon. Clear soup, fat-free; bread, 50 grs.; lean meat, 100 grs. 4 P.M. Albumin water of 2 eggs.

Supper. Lean meat, 100 grs.; bread, 50 grs.; rice, 50 grs.

*Diet for Acute Colitis (Dysentery).*—Purge and starve one day, then: lean meat, 100 grs., 3 times daily; albumin water of 2 eggs, 6-8 times daily. Continue for 4 days, then add: skimmed milk, 16 oz.; toast (no butter), 3 slices with maple syrup; rice, 50 grs. daily. After 10 days increase toast, give butter, macaroni, tapioca, cream cheese and Indian meal mush.

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## PSYCHOTHERAPY AND THE TRAINED NURSE \*

By WALTER MORRITT, Ph.D.

IN this paper I shall omit any description of the Emmanuel Movement, taking it for granted that you are familiar with its history, aims, and development. I shall content myself with a brief statement of the underlying basis of the movement and its significance for the trained nurse.

The fundamental principle in all psychotherapy is mental suggestion. Modern psychology has discovered that there is a second self within us, and this second self which controls so much of life's activities is highly suggestible. This power of suggestion rests upon the principle known in psychology as dissociation, *i.e.*, the separation of the conscious from the subconscious self, and the active agent in all suggestion is faith. From 90 to 95 per cent. of all people are suggestible, and theoretically we are all so as long as we are ignorant of the subject. Nobody is absolutely refractory to suggestion. All depends upon the psychological moment in which we find ourselves.

The difference between suggestion and ordinary advice addressed to the conscious reason is that the former enters into the understanding by the backstairs while logical persuasion knocks at the front door.

There are several ways by which dissociation can be brought about and suggestions made. It can be done in normal sleep, in the waking or half-waking condition, and in hypnosis.

There seems to be pretty general agreement as to the value of suggestion in mental therapeutics and the battle that is now on is as to whether the physician or the preacher should wield the weapon. With that discussion we are not here concerned. One thing is clear to my mind, namely, the nurse *has* a relation to this movement more intimate than that of *either* doctor or divine. You say at once: "But the nurse

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\* Read at the March meeting of the Pueblo Trained Nurses' Association, Pueblo, Col.

is not there to prescribe." True, but she is there to help the patient get well, and no disease is purely physical.

The ordinary nurse dislikes the neurasthenic case largely because she does not understand the reality of the disease in the absence of physical lesions, and partly, also, because in hysterical cases there is not only the appearance of fraud, but often a perverted mental bias that takes pleasure in fault-finding and setting the nurse against the doctor and vice versa. The nurse should remember that because hysteria is mental it is not necessarily fraudulent and that pain is *never* imaginary. "Born not made" is undoubtedly the distinguishing motto of the nerve-nurse, though the training is absolutely necessary also. The lack of good nerve-nurses makes the treatment of neurasthenic cases more expensive than it should be by compelling institutional treatment in almost all cases.

1. *Why the Nurse is Concerned.*—People buy goods of the merchant they like, the groceryman they like, the dairyman they like. In all trades this personal factor is taken into account. A dry-goods clerk is more in demand because people like her, she knows how to help people to suit themselves in their purchases; but more than in any other department of life does the personality of the nurse count in helping people to get well. If the personality of the physician is important, how much more that of the nurse who is constantly with the patient. She is often taken into confidence more than physician or clergyman. The patient has confidence in the nurse's technical skill—why should she not make use of this faith, and thus often hasten the patient's recovery? Nursing thus becomes an art as well as a science. Patients cannot be repaired like an automobile,—the mind must be taken into account. Without the full confidence of the patient no nurse should continue to attend her patient.

In all instances in battle the soldiers on the victorious side easily recover from serious wounds and mutilations, while on the other hand those upon the side that is defeated die of mere trivial inflictions. One can hardly overestimate the significance of suggestion in the hands of the trained nurse, the disciplined woman, acquainted with the natural history of diseases, qualified by education to care scientifically for the sick, and singularly blessed with opportunities that are at once life-serving and life-saving. Through a judicious use of suggestion she can often exercise control adequate to arrest exaggerated destructive change, to re-establish the processes of repair, and thus carry the patient through the crises of disease.

She has it in her power to render invaluable service along this



new line of psychotherapy. The state of physical and mental peace, induced perhaps by gentle massage, marks a favoring conjuncture of circumstances for impression in the desired line,—for dispelling morbid fears or expectations; for assurances of recovery where there is reasonable hope; for the correction of insomnia and the establishment of habits of sleep; for the removal of all conditions that root themselves in the spurious apprehensions, distrust, and indecision of neurasthenia. Millions of human beings have prematurely died because of improper, but reversible, attitudes toward the diseases that held them in shackle.

2. *How the Nurse is Concerned.*—The nurse is never to interfere with the doctor's treatment, but, assuming it to be correct, is to render it effective by assurances given by suggestion. This is intelligent supplementary treatment. For instance, as a patient lapses into sleep through massage, a most favorable opportunity presents itself for suggestion.

In the employment of suggestion, you are only helping your patient to help himself. By the intelligent and judicious use of suggestion you can make a very trivial disorder out of a serious pathological condition, so far as the results are concerned.

Some people help one more than they know by just being themselves. "A bright smile on a dark day takes so much of the darkness away. It is the little things that mean so much; the small things that are so great."

The nurse assists or retards every disease she encounters, therefore do not underrate the influence of your own personality. Learn to give confidence to your patients. The influence of the nurse is contagious—the entire family takes its cue from the nurse. Oliver Wendell Holmes has said that a smile is worth \$5000 a year to a doctor. It is worth a good slice of that to a nurse.

You are all familiar with the value of expectation in the action of a remedy; the nurse can *arouse* that expectation. She can stimulate the will to get well and live. She may increase the power of the medicine she gives by strengthening the faith of the patient in it. On the other hand say to your patient: "Take this medicine, or this electric treatment. I do not much believe in electricity but the doctor prescribes it," and the effect is nullified. When a consultant is called, the nurse can help his success by dwelling on his wonderful powers, before the patient.

In preparing a patient for operation the nurse may frequently prevent struggle and terror, and decrease the amount of nausea by a little wise mental suggestion.

Your face should not betray you in the sick room. The woman of cheerful countenance restores the patient by her helpful, buoyant spirit, while others who are constitutionally grave and desponding depress and distress him. These often unwillingly hinder the cure they are anxious to promote. Indeed, so great is the mental factor in therapeutics that it is not too much to say that inferior medical skill, with a good and assuring nurse, is more likely to effect a cure than a superior skill with a depressing nurse. "The mind casts a shadow just like the body."

"If I should summarize the qualities in a nurse that injure her patient they would be: fear, hesitancy, depression, ill temper, verbosity, levity, too much solemnity, artificiality, hurry, impatience, carelessness, forgetfulness, and vanity.

"The helpful influences in a nurse would then naturally be: dignity, simplicity, brevity, decision, interest, sympathy, candor, naturalness, certainty, cheerfulness, hopefulness, good temper, courage, carefulness, patience, and faithfulness."

Cultivate a cheerful temperament; gentle cheerfulness is a never-failing source of influence. It is a nerve tonic and stimulant; it cheers the timorous, encourages the despondent, and comforts the despairing.

An important element of success in the treatment of nervous cases is confidence in the nurse. Many physicians are not aware how this person can weaken or wholly frustrate all efforts at a cure. "A case occurs to me that, treated by the Weir Mitchell method twice, only resulted each time in failure and actual loss of weight. Secret sapping of the doctor's influence with neglect of orders was the cause in one; and open rupture of the two, neutralizing all efforts, in the other. The case was difficult, but with agreement between the two was eventually successfully treated."

I must not omit here to emphasize the fact that a great element of success in nursing is a close study of the patient's personality and mental calibre. This so often requires, even in two suffering from the same symptoms, a course of treatment in one case entirely different from that required by another. The personal factor is so comparatively valueless in ordinary physical diseases, such as pneumonia or gout, that one is apt never to consider it until one finds from disastrous experience that its proper consideration is in its way quite as important as accurate diagnosis.

The neurasthenic nurse is a being yet to be evolved as a definite product, but she is sometimes met with as a chance growth in out-of-the-way places.

Then there is the moral side of the trained nurse's opportunity.

She will find skeletons that she can drag out of closets and clothe with fair rounded proportions. She will encounter evil bents and perversions in children that she can obliterate. She will become apprised of drink and drug habits that she can efface by forceful suggestion in states of convalescence, and so provide against their subsequent expression.

Surely no nurse would give expression to pessimistic beliefs or attitudes in the sick room. It is hers to fan the flickering flame into a blaze of hope and assurance. The opportunity and obligation are inseparable. For the time being she stands in closer relation to the patient than the nearest of kin; and it becomes her Christian duty fearlessly to exploit this instrumentality for the physical, moral, and spiritual uplifting of the soul whose fashioning is temporarily in her hands.

*Conclusion.*—If human beings have within them that psychic element which can be evoked under extraordinary conditions to so increase the normal resistive powers and capabilities of both mind and body, why should you not, as nurses, in a sense be generals or leaders, and in your daily relations with your patient evoke latent energy and heighten normal resistive powers to the ravages of any disease, acute or chronic, organic or functional?

There are two mighty powers for good in every trained nurse—what she *knows* and what she *is*; but as a rule she only values the former.

The best nurse is the one who inspires the most hope. The successful in all departments of life are enthusiasts. The simple country maiden, Joan of Arc, by her enthusiasm and unwavering self-confidence headed the French army in the face of defeat and led her stalwart troops to victory.

The success of the modern physician depends measurably upon the co-operation of the trained nurse. She is the doctor's right hand; and to the patient, she is the friend that makes him do what he can to lift himself from physical and mental depression and place himself unreservedly in the hands of his own best spiritual self.

The fact is, a nurse is weighed in the balance as no one else. Every act, every word is seed which will surely produce fruit. All she does has a double force. She is in more intimate relations with the real characters of her patients than any other person, hence her tremendous responsibility and opportunity. Above all else, with all your skill and training, see to it that you retain your womanliness. Do not become too "professional." Let it not be said of any of you, "She was born a woman, she died a nurse."

## "THE COOKIN' LADY"

THE VISITING DIETITIAN AS THE NURSE'S ALLY

By WINIFRED STUART GIBBS

THE nurse's part in curing disease is now too well recognized to need special emphasis; physicians who are fair accord to her the credit due, and grateful patients bless her name. A study of the educational forces at work which will, in time, be a potent aid to the nurse brings us to the question of dietetics.

Suppose a world suddenly converted to a thorough knowledge and practice of rational feeding; then fill in the mental picture and one sees many of our human ills wiped out, and the nurse left free to wrestle with such as are not to be avoided.

The time appointed for this happy state of affairs is hastened among the prosperous by many agencies. They have books, and lectures and discussions, and newspapers, until there will soon be little excuse for undernourishment among these enlightened folk, but the army of untutored is another story. What of the children of the poor, who are growing up to form our factory population, and those who, if they are particularly fortunate, may rise to the dizzy and unhealthy height of clerking in stuffy department stores! To be sure many or most of the better class factories provide lunch rooms, where one good meal may be obtained, but the chances are that the employees come from and, at night, return to homes where bread and tea served with fried food make up the dietary. Then, there are the homes where the bread winner, at best, earns but meagre wages, and where the phrase "out of work" has been a household word for two dreary New York winters.

Does not every district nurse recognize these details? It may be of interest to discuss what is being done in New York City by way of an attempt to solve the problem of underfed tenement dwellers.

The oldest philanthropic organization in the city began an experiment two years ago, one which is now beginning to assume the proportions of a success. When New York was having one of its periodical excitements over underfed school children, the Association for Improving the Condition of the Poor said: "If we teach the mothers to feed the children oatmeal instead of fried pork, and milk instead of boiled tea, what effect will it have on the problem?"

So the association is teaching the mothers by means of a visiting dietitian, and the nurses of the staff are glad to ask her to go to their

patients and suggest that fried cabbage and beer, peppers and coffee are not the best possible foods for sick or convalescent persons, who are already prone to disease by reason of the years and generations of bad food behind them.

The district visitors are glad to have the visiting dietitian tell their charges how to make the grocery orders bring the best results in feeding the family.

And the people themselves? They are politely tolerant of the dietitian's "notions" at first, but soon come to an intelligent interest which carries them on to co-operation in a real reform.

How may the dietitian help the district nurse? First, by preventive education; second, by palliative or curative education in the matter of diet.

A little mother of nine looks at one calmly and says that it keeps her busy, but that her school duties and the house-keeping are managed as best she can. Poor mite! Her *summum bonum* is pitifully small; her "dinner" which she proudly "cooks" consists literally and exclusively of pancakes and tea, and when she sees a neighbor's boy pounding her little brother, she sends him about his business with a decision and a vocabulary which would do credit to a woman, and then she breaks into sobbing, which is choked down with a self-control tragic to see in a child so young, and goes on stirring the soup which the "cookin' lady" is showing her how to make for this same small and graceless brother.

Now this picture is not drawn that we may sentimentalize. The "cookin' lady" sees the bones in the thin shaking shoulders of this old little child, and when she sends the small monument of womanly self-control to the table for a drink of milk, she is reflecting sadly on the family history of food unwisely selected and badly cooked, and on the starved nerves fed on boiled tea, and she is bracing herself, not to the consuming of time in lamenting a robbed childhood, but to the task of proving to this family, and to such others as come to her, that even a few pennies wisely spent may help to build a healthy body, and, if carelessly spent, may actually keep that body below its possibilities of good.

"How much can you spend?" is the first question. Not "how much do you need," or "how much should you like," but "how much can you put your hand on, to-day?"

Then follows: "How are you spending it"; and then advice as to improving. Average replies to these questions give such information as this:

The first question, "How much does your food cost?" is usually a poser.

Blank looks and vain attempts to supply figures follow; and the next step for this "cookin' lady" is to give that mother a sugar-coated, nicely hidden lecture on economics, inspiring her to an ambition which shall make her know where she stands, how much she is spending and whether she is getting value received.

So, if she finds that a family of five is spending one dollar and twenty-five cents each day for food and going without warm clothing, she says, "If I show you how to get proper food for one dollar, will you save that twenty-five cents for other necessities?"

If the family is spending a fair proportion for food but is weak and thin, this same "cookin' lady" coaxes the mother to try a "new plan" for a week, and the surprised husband and children find themselves drinking less tea and beer and eating more well-cooked cereals, eating less grease-soaked food, and drinking more milk, and by this time the "cookin' lady" is sure of her welcome.

So easy is it to make these people understand that one is not trying to grind them down in their expenditures, but to build them up in their bodies, and that the sooner they can approach the spending of a sum which will give them the pleasant variety of food which is so advantageous, the better pleased will one be. The plan of instruction in outline follows:

The principles of nutrition, the principles of cooking, and the principles of economy are taught.

The instructor does not discuss arbitrary "standards of living," but she does go into the stores and find the actual prices of food materials, and then she is in a position to talk to her pupils.

In teaching the principles of nutrition and cooking she carries out two sets of dietaries, one, "A," based on the minimum sum which will procure food to maintain bodily equilibrium, the other, "B," with sufficient variety added to be satisfactory.

In both cases, the basis of the breakfast is a well-cooked cereal, but Dietary B has a simple hot dish added. Both sets provide for three quarts of milk daily. "A" has the minimum of butter, "B" has an abundance. Neither "A" nor "B" exceeds thirty cents for meat to serve a family of five, and "A" often offers this dish or a substitute for twenty. "A" has dessert but twice a week, "B" gives a simple pudding every day. "A's" chief lack is in vegetables, "B" furnishes this necessary item. By the student of foods, however, "A" is accepted for what it is, a suggested substitute for a diet of bread and tea, when the family funds are at low ebb.

So quickly do they understand, these eaters of bread and tea, that



the "cookin' lady" is but facing necessity when she tells about the least possible amount of food which shall keep them fed, and that her wish is to spread that least amount to bring the largest possible return in health.

Figures are vitalized when they stand for "rent," "income," and "amount for food," of the C. family. Statistics are forgotten when it is a question of planning the dietary for the C. family which shall be within their income, and yet furnish Johnnie and Susie C. with blood, and bone, and flesh, and nerve-tissue. It doesn't seem like a question of sociology when one is face to face with Mrs. C., and getting to know her as a human being with a problem to meet, least of all is it a time for sentimentality. First of all is it the time for being glad that one is in this game of living if, by leading the way to red blood-corpuscles, one may help others to play the game like men and women.

Here is a family given over to the usual atrocious diet. They have a moderate income, and could afford a reasonable expenditure for food. One day the dispensary physician says to the oldest daughter: "Better go to the board of health office, and let me know what they say to this." "This" is a card to the Clinic for Communicable Pulmonary Diseases. If the history runs from suspicion to proof of tuberculosis in the first stage, the dietitian has her work cut out for her.

Blessings on the sympathetic understanding of the physician in Boston who feels the mockery of telling these people that they must stop work and have plenty of fresh air, milk and eggs, and who writes picturesquely but with perfect understanding, "One might as well say, 'Have a star' or 'Take a slice of moon.'"

But even as the nurse must taste the joy of battle in the crisis of an acute illness, so the dietitian goes to her battle with colors flying, although she may be faint at heart.

The phases of her problem are these:

The family is absolutely ignorant on the subject of proper food. Unless the most minute care is exercised the family income cannot be stretched to cover this increased demand of special feeding.

The patient herself is still to be won over to a systematic effort to get well.

Lessons follow in the effect of foods, the special food needed in this case, the proportion of these foods, the planning of the family expenses, the cost of food, and in marketing. Is this an easy task? Try it, and see, but if the patient is discharged "cured" isn't it worth the time and effort expended? Hasn't it saved some time for the nurse to put elsewhere?

Suppose another case where conditions are practically the same, with the somewhat important exception that the family has no income at all.

The association thinks it worth while to try the experiment of letting the dietitian provide adequate nourishment as a decidedly helpful addition to her instruction, and the result is "good business," for the instructor has seen the bread winner rapidly pushed on from practical helplessness to an ability to work.

One day the visiting nurse comes in and says, "Please go to my A. family at once; the father has a diseased liver, the mother chronic nephritis, the boy colitis, the girl pernicious anæmia, and the baby intestinal tuberculosis."

The A. family figures more or less extensively in the dietitian's dreams, but she is working away at them, she has made a dietary for each member of the family; she has taught the mother that the diet of starch and tea has been largely responsible for present conditions, the frying pan and the tea-pot are accumulating dust, and the tractable A's are following instructions to the letter, while the dietitian recalls a certain restaurant, whose walls bear the seductive invitation "Try our Mince Pies," and in close contact the suggestion "Trust in the Lord." Thus might she paraphrase and say, "Try our rational diet and trust in the Lord," for she cannot make beguiling promises as do patent medicine advertisers, and give assurance of renewed health after a week of sane living.

The summer details of this work differ essentially from those of the winter. Moderate, steady heat is a potent ally in inexpensive cooking, that is, where meats are concerned, and during a New York summer the heat is steady if not moderate, but it is not available for cooking purposes, so the summer lessons are planned with all possible attention to saving heat and fuel.

The home-made fireless cooker is of practical, proven value in the work. It is made after this fashion:

A butter tub with a well-fitting cover is procured from the grocer, and the order is given to have it filled with sawdust; two yards of denim, some newspapers and a granite pail, with a tightly fitting cover, complete the outfit.

*Method of Procedure.*—Place loose sawdust in the bottom of tub to the depth of at least four inches. Make a cushion about one foot square of denim, and fill with sawdust. Make a long cushion of denim folded lengthwise and long enough to wrap round the food kettle. This cushion should be filled with sawdust loosely, so that it can be folded about the kettle.

A cooker such as this is not designed to cook a meal, but it does successfully cook the chief dish. When using the cooker one should keep in mind the following points:

Begin the cooking process exactly as if it were to be continued in the ordinary way.

Pack the food kettle as quickly as possible, that all the heat may be retained, as it is this which will carry on the cooking.

Pack, by placing kettle containing food at boiling heat directly on the sawdust in tub, wind long pad around kettle, place square pad on top, fill every possible chink with crumpled newspaper, cover tub with its own cover, and place woolen cloth over all.

DISHES BEST ADAPTED FOR COOKING IN COOKER

	Time on stove.	In cooker.
Cereals .....	15 minutes	6-12 hours
Stews .....	30 minutes	12 hours
Soups .....	20 minutes	12 hours
Legunes (soak 12 hours) .....	1 hour	12 hours
Pot Roast .....	30 minutes	12-15 hours
Dried Fruits .....	15 minutes	12 hours
Broth .....	30 minutes	12 hours

The cooker is also of great value as a refrigerator. Milk can be kept fresh through a hot night and ice cream will keep its shape for four hours. Pack exactly as for cooking. Cereals can be kept warm for breakfast. Coffee or chocolate are hot enough to serve after five hours, and broth can be kept hot in case of illness.

These cookers do their work quite as well as those on the market, although of course they do not provide for a variety of foods at one time.

In conclusion, here is some advice for any who may wish to do work of the kind.

Acquaint yourself thoroughly with the condition and resources of each home.

Teach by object lesson, as far as possible; cook a dietary, after prescribing it. This is most convincing.

Finally, be prepared for discouragements, but do not lose hope.

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WE in reality only know when we doubt a little. With knowledge comes doubt.—GOETHE.

## A TEACHER'S VIEW OF SCHOOL NURSING

THERE was once a busy teacher in whose domain a school nurse was installed. This nurse entered her field with ambitions for a big showing. She announced her mission by presenting the teacher with a pack of cards, representing all the colors of the rainbow, and explained elaborately how they were to be passed from teacher to medical inspector, from medical inspector to nurse, from nurse to parent or guardian, then back again from parent to doctor, doctor to nurse, etc. The teacher was to see that the endless chain was kept unbroken. Each transfer was to be indicated by a change in the color of the card.

"But," asked the simple minded teacher, who had always resorted to home remedies and knew nothing of the science or ethics of medicine, "where does the child come in?"

"The *case* must be properly reported and these cards filled out before we can look at *it*," was the professional reply.

"Oh, then, what shall be done with this little boy who is crying with a sore throat? I have written to his mother to take him to Dr. —; he has an office in that neighborhood and is very kind to the poor. I also gave him a small bottle of peroxide, telling his mother to dilute it with water and have him gargle his throat well. Of course I do not wish to prescribe or take any undue authority, but I know the peroxide won't hurt him, and his mother will have to take home a washing before she has any money to buy medicine for him."

"Well," said the nurse, "it would not be professional etiquette for me to look at the child's throat, but I will give him this pea green card for him to present at our clinic Friday" (this was Wednesday). "Now you fill out this olive green card in a similar way and send it to his mother."

"Suppose," said the teacher, whose class was waiting for her all this time, "I should get the cards mixed, would that affect poor little Solomon's throat?"

"Any others?"

"Yes, this little boy's eyes look red, and we've been washing them with a mild solution of boracic acid. Would you show us how to do it?"

"I have no authority to touch the child, but give him this yellow card to Dr. Brown's clinic." The teacher mildly suggested that the little fellow lived at the Orphans' Home, which had its own physician, whereupon the card was quickly changed for one of another hue.

## HOUSEHOLD HYGIENE

By ISABEL McISAAC

(Continued from page 576)

### III

#### VENTILATION AND HEATING

THE ventilation and heating of all buildings are very closely related and must be arranged to work in harmony, otherwise there may be too much ventilation for the amount of heat, or, what is more common, too much heat for the ventilation.

In choosing apartments in large buildings one should always inquire into the system of ventilation and heating, it being taken for granted that the inquirer will have an intelligent idea of what good ventilation really is. Also in choosing and planning a house the same consideration should be given to both subjects. It seems contradictory to say that the better a house is built the worse is its natural ventilation; but such is a fact, for a poorly constructed house will have pervious walls and floors with many cracks and crevices which afford good opportunities for the interchange of inside and outside air, but which will greatly enhance the cost of heating. Such construction is very undesirable from the standpoint of comfort and economy.

The common method of artificial ventilation in dwellings is by placing ventilating flues for pure and impure air in the walls with inlets and outlets for the various rooms. These flues or shafts, as they are often called, must be placed according to the heating system, while it should be borne in mind that the movement of air is entirely in accordance with natural laws, and that to label a shaft, "For foul air," does not mean that the bad air will obediently rise in it. Ventilating flues like chimneys must be constructed with due regard for the winds or their object will be entirely defeated.

Nearly all public libraries contain reference books upon the subjects which are valuable to all prospective house builders. Carpenter's "Heating and Ventilation of Houses" is excellent.

In most instances the woman of the household is obliged to endure whatever system she finds in the already built house or apartment, although the daily management is usually her province, and no matter how faulty the arrangement is she is expected to furnish her family with good air and a comfortable temperature.

If there has ever been a single engineer or janitor of an apartment house who did not find fault with the women of every household for "heating all out-doors" he must have died or emigrated, for no record of him has ever been found. To the credit of the housekeepers it can be said that the living rooms are more comfortable and far better ventilated than the corridors. The suffocating heat and thick air of elevator shafts and halls is unspeakable, and it is small wonder that so many of the children look like sickly plants grown in the dark. The effect of overheating and bad air upon the human plant is the same, taking away our resistance and leaving us a prey to the first infectious material which comes our way.

In houses which contain no system of artificial ventilation a regular time for airing the house daily should be established.

Except when dressing, *bedroom windows should stand open the whole twenty-four hours for three hundred and sixty-five days in the year*; to sleep with closed windows ought to be made a legal offense. The writer is aware that many readers will vehemently dispute the foregoing sentence, but after twenty-five years' experience in and out of hospitals, she declines to retract one word of it.

During the cold season particular attention should be given to the airing of bedding, clothing, rugs, cushions, and heavy curtains; a few minutes of open windows in the morning is not enough to remove the impurities of respiration and dust which find lodgment upon them; but the combination of a clothes-line, a bright sun, and a high wind for an hour or two will freshen them and the room to which they belong.

Children's school clothing needs more airing than a few minutes on the back of a chair near the window, and should be put out on the clothes-line all day on Saturdays and holidays.

The steam and odors from cooking are alike an offense in apartments and houses and may be more easily removed if the rooms are thoroughly aired while the cooking is going on and directly after; for if left to permeate curtains, rugs, and clothing the odor will cling to them for days. In all systems of ventilation a keen sense of smell is a most valuable adjunct.

Especial attention should be given to the air of cellars and basements; the warmer air of the upper floors causes the colder air of the cellar to be drawn through—aspirated—floors and crevices into the living rooms, and if the cellar is not supplied with good air the soil air and other impurities must be present in the upper rooms. "Sewer gas" is a convenient scapegoat in many households to excuse foul air and illness, but it is well to remember that if drains are supplied with traps which



have not lost their seal, there is no way for sewer air to find its way into a house except under very extraordinary circumstances: and that the so-called "sewer gas" probably arises from filthy drains and water closets, dirt easily removable with soap, water, and diligence.

The choice of a heating system for moderate sized dwellings seems to lie with the hot water system. The cost of installation is greater for hot water than steam but the cost of maintenance is less.

The hot-air furnace of good make is also satisfactory, but there are two points to be insisted upon in its use: (1) that the opening for the fresh air flue should be at least six or eight feet above the ground level and should never be allowed in the cellar or basement; (2) that the furnace should be placed nearer the colder side of the house because hot air will carry but a very short distance against currents of cold air.

(To be continued)

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## LUMBAR PUNCTURE

By HAZEL SOUTHARD

Graduate of Lakeside School for Nurses, Cleveland

A LUMBAR puncture is done for two principal reasons: as a diagnostic measure, and as a therapeutic measure to relieve pressure in the spinal canal caused by an excess of fluid such as is present in all forms of meningitis, hydrocephalus, hemorrhage into the spinal canal, etc. Where there is an excess of fluid, great relief is often afforded the patient.

As a diagnostic measure it is very valuable as, for instance, in the epidemic form of cerebrospinal meningitis the specific organisms may be found. The method, if properly done, is a safe one. The patient is placed on his side close to the edge of the bed, the shoulders are bent towards the knees and the knee drawn up toward the chest as far as possible. In this way the laminae of the vertebrae are separated and allow a larger space for the entrance of the needle. Pillows, placed under the shoulders and thereby raising them, sometimes help. It is advisable to cocaineize the parts before the insertion of the needle and, if the patient is at all hard to manage, a general anæsthetic may be given.

Thoroughly scrub over the lumbar vertebrae and for quite a space around with green soap and sterile water, using sterile gauze. This is followed with ether, alcohol, and bichloride solution. Sterile towels are placed around, making a sterile field, and the operator, after scrubbing his hands, wears sterile gloves. The space between the fourth and fifth

lumbar vertebræ is the place generally chosen, as pus-cells, bacilli, etc., tend to gravitate toward the lowest portion of the dural sac where they might escape observation if the puncture is performed too high. With one finger on the spinous process of the fourth lumbar vertebra the needle is inserted just opposite about 2 cm. to one side of the median line and at an angle so that upon entrance of the canal it will be about in the middle. A small glass test-tube is held under the needle to catch the fluid. The needle must have a sharp point, because a dull point may push the membranes ahead, instead of going through them, and all efforts be fruitless. The pressure is determined by the rapidity with which the fluid appears; if drop by drop, then a low pressure. Too much fluid should not be withdrawn because of the dangers when there is too low a pressure. Clear fluid may not always be normal. A collodion dressing or sterile gauze with straps of adhesive may be applied after the withdrawal of the needle.

### THE BOSTON NURSES' CLUB \*

By SUSAN BARD JOHNSON

THE Boston Nurses' Club is an organization of nurses associated together for business, professional and social purposes. In its membership are represented the various training schools of Boston and its vicinity, and others beyond the state limits. In organization we find strength—we can have and do many things that we could not do or have singly. Through association we gain a wider outlook and the ability to see more than one point of view.

The club idea was suggested in the winter of 1899 by Dr. Pierce of Milton to Mrs. Emily Neal Morse, a graduate of the Boston City Hospital. The nurses took up the suggestion and held several meetings. At the meeting held on April 17, 1899, the Boston Nurses' Club was organized with the very material help of Mrs. William Sedgewick and of Drs. Conant, Coggeshall, Vickery, Sumner, Worcester, Twichell, and Cheney, who had kindly consented to act as Advisory Board. Dr. William Conant was elected president of the club; and he is the one member of the original committee who has served us unremittingly for ten years. The club registry was formally opened on May 22, of the same year.

In January, 1900, the books and furniture which had belonged to the Graduate Nurses' Association were presented to the club, and in March of that year a reading room was established.

\* Read at the tenth anniversary of the Boston Nurses' Club, May 21, 1909.

In the fall of 1902 the club removed to its present quarters at 755 Boylston Street, where, beside the rooms that are used as office, lecture room, and reading room, there are sleeping rooms for some of the members.

The question of a real club-house has been discussed at almost all the annual meetings throughout the ten years of our existence, and we hope it will one day be an accomplished fact. It is generally conceded that a series of suites is best adapted for a club-house for nurses.

Of the club life it may be said that the business association in the registry, which holds the nurses together, is the foundation; our social intercourse, the flower; and our ethical purpose, the vital principle.

The club registry, by means of which the physician and public secure trained service, is to the nurse the door through which she gains opportunity for her chosen work. It is business headquarters. The club is also social headquarters, where a member will always find friends and interest; where she may play the piano in the pleasant reception room, or enjoy the current magazines in the reading room; where she may join in the social gatherings on the weekly tea-day, and in the pleasant entertainments that are given quarterly.

Our ethical purpose is to provide the public with reliable nurses and in every way to advance the profession of nursing. As each member is expected to pay her annual dues regularly, so she is expected to pay into the treasury of the club life devotion and earnest purpose—devotion to the ideals of the profession and earnest purpose to carry out those ideals in practical detail.

We know that we cannot be competent nurses if we rest in the achievement of our training; so, in addition to subscribing to the professional journals, we arrange for fortnightly lectures through the school year. In this matter our good friends the physicians have been most kind; and we are glad to take this opportunity of thanking them for their interest and good will.

On this our tenth birthday, we look backward and forward, with gratitude to all who have helped us on our way and with hope for the future, that we may go on to better things—to a larger sphere of usefulness and efficient service.

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WHATEVER prohibits or prevents a man from his sacred appointment to labor while he lives on earth—that, I say, is the man's deadliest enemy.—THOMAS CARLYLE.

## RED CROSS WORK



### A FURTHER REPORT OF THE NEW YORK MEETING

By MARY E. THORNTON, R.N.

THE committee on Red Cross nursing service is to be congratulated upon the success of the conference in awakening interest upon the part of the nurses of the county in the Red Cross, as evinced by the large attendance at all the lectures and the large number who visited the Field Hospital on Governor's Island.

The lectures given by Captain J. F. Siler, U.S.A., on the evenings of April 15 and 16, in Nightingale Hall, were instructive and interesting; in the first lecture Captain Siler went thoroughly into the personnel and materiel of the army; gave the organization of the infantry, cavalry and artillery, indicated briefly the commands of lieutenant generals, major generals, brigadier generals, colonels, lieutenant colonels, majors, captains, first and second lieutenants, dwelt upon the offices of judge advocate general, adjutant general, and upon the work of the inspector general's department and that of the department of quartermaster, the subsistence, the medical, the pay departments, the corps of engineers, ordnance department, and signal corps.

He described in detail the uses of the various hospitals located near the battlefield, and the method of rendering first aid, each soldier being supplied with a first aid box in a water-tight case. This contains two bandages with pads, a paper of safety-pins, and directions for use; every soldier has regular instruction in rendering first aid for a certain definite number of hours every year and if a soldier is found with his first aid box damaged or if he loses it, he may be tried by court martial.

After first aid the wounded are taken to the dressing stations, then to the field hospitals, then to the stationary hospitals; after that to the base hospitals, as the various needs of the men indicate. The method of transportation from the dressing station to the field hospital is by ambulance, if a man is unable to walk (for convenience in transportation hospitals should be located on or near a road); between field hospitals and base hospitals, transportation is by hospital train (these routes having rest stations with diet kitchens at intervals), and thence if men are to be disabled for a long time by hospital ship back to their homes.

Captain Siler spoke at some length upon the subject of the eradication

of disease from the service, emphasizing the fact that, "Prevention is the chief duty of medical officers in the army," dwelling upon the work of ridding Havana of yellow fever, of the fight with the malarial mosquito, of the value of screens and nets, the strict orders issued for the use of these two safeguards, and the careful oversight exercised to see that the orders are followed, it being the rule in malarial districts to make inspection after midnight to see that nets are down and the men protected. But of all the work under way, the campaign against typhoid holds for most of us, especially those who had service in 1898, the greatest interest. The recognition of the fly as the disseminator of typhoid, the steps taken for its extermination or exclusion, the use of sterilizers for the water, the disinfection of barracks, the use of incinerators, were all given in detail by Captain Siler, as well as the method of keeping typhoid patients under observation for ten weeks from the time of onslaught of the disease. At the end of that time (usually six weeks after recovery), if the patient has not ceased showing typhoid bacilli in the excreta, he is excluded from the army. With the welfare of the community of which he purposes becoming a member in mind, he is given a letter addressed to the health officer of that community, setting forth his condition and recommending that he be kept under observation.

Just here it may be of interest to add an interview given a member of the JOURNAL staff, upon the subject of vaccination for typhoid, by Captain Siler:

"This method of immunizing against typhoid has been tried for some time in England and in Germany, England especially having used it with great success during the South African War. Some time ago Major Russell of the medical corps went to England to study the matter; upon his return his report was submitted to a board of prominent medical men from different universities, Harvard, Cornell, Ann Arbor, Johns Hopkins, University of Pennsylvania, and the Rockefeller Institute being represented. The report was approved and a few months ago adopted by the government. All of the officers on duty in the office of the Surgeon-General in Washington have taken the treatment. Although it has been officially adopted, it is not compulsory, but many of the men in the hospital corps have been vaccinated and no doubt all will, as these men are, together with the medical officers, brought more directly in contact with the disease than in the other branches of the service.

"The method of procedure in giving the treatment is to heat the standardized serum to 53° Centigrade (it was brought to 60° C. at first), and inject in the arm one-half cubic centimetre; after ten days have elapsed, another injection of one cubic centimetre is given. A slight

feeling of lassitude, possibly a headache, is the only symptom exhibited as a result of the treatment which it is believed will rid the army of typhoid."

At the close of Captain Siler's lecture on April 16 Miss Gladwin gave a delightfully interesting talk upon her experiences with the Japanese Red Cross workers, telling how much might be learned from the Japanese woman, of her ideals, charm, and generally fine character, of the interest taken by the Empress and her ladies in the preparing of bandages and shirts for the sick or wounded, the latter being used as a special reward and greatly appreciated by those upon whom the honors were conferred. She spoke of the keen appreciation shown by the Japanese men for every slightest service performed for them; of their great celerity in transporting the wounded from shore to hospital ship and from ship again to the hospital, where every man's bed seemed to be quite ready for him upon his arrival, no matter how many were brought in on one ship.

Mrs. Charles Stevenson addressed the meeting on Thursday evening, making a strong plea for a large enrollment.

Captain Siler described the arrangement of the field hospital of one hundred and eight beds, admitting of being converted into two hundred and sixteen by using the tent flies. Specially interesting was the method of arranging the operation room from the compact outfit; the "units" containing blankets, sheets, pillow-sacks, towels, pajamas, and mosquito nettings; the furniture "units" containing six folding cots and the frames for the mosquito netting. All of this was arranged for practical demonstration on April 17 on Governor's Island. Captain Siler must surely have felt repaid for his courtesy and trouble, when boat after boat landed at the government dock bringing nurses eager to avail themselves of the opportunity to visit his field hospital.

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We must learn to live,

Care-hardened at all points; not base and sensitive,  
But plated for defense, nay, furnished for attack,  
With spikes at the due place, that neither front nor back  
May suffer at that squeeze with Nature we find—life.  
Are we not here to learn the good of peace through strife,  
Of love through hate, and reach knowledge through ignorance?

—ROBERT BROWNING.



## NURSING IN MISSION STATIONS



### MORAVIAN MISSIONS FOR LEPERS

BY A MORAVIAN NURSE

UNTIL 1865 the condition of the lepers of Jerusalem had changed but little from what was common in New Testament times. Then a philanthropic German baroness and her husband obtained means of establishing an asylum, which was built in 1867 near the Jaffa gate. Starting the institution, however, proved to be an easier undertaking than getting inmates. Not that there were not enough that needed the offered help, but they were suspicious. They did not believe that such work would be begun purely from charitable motives. Their bigotry made them suspect a scheme to change their religion. In course of time prejudice was conquered, and the number of patients under treatment has risen to sixty. The founders of the home for lepers enlisted the interest of a Moravian bishop, who won many friends for the cause. Moravian missionaries were placed in charge of the home in its early days; the work has been carried on by others of the same church; and since 1879 it has been managed by a board appointed by the Moravian General Synod.

The old hospital has been replaced by a new and commodious stone building, called "Jesus-Help," surrounded by a large garden, nearer the city gate. The staff of the home consists of the missionary and four deaconesses (trained nurses), and two untrained Sisters to do most of the general housework.

Last August occurred the death of the faithful superintendent, who had labored there for seventeen years. After that a change of management appeared to be necessary, so it was decided to leave the management of the hospital itself entirely in the hands of the Sisters, with Sister Elizabeth Mueller as superior, who has been in it for eighteen years. Mr. Bayer has been made steward of the home, having the garden and field work under his supervision, attending to the repairs of the buildings and being the legal representative in Jerusalem. To give the poor lepers physical and spiritual service, to offer them a bright and comfortable refuge for body and soul, and, as far as it may be possible under the peculiar circumstances, to introduce them to "Jesus-

Help" in the highest sense, will remain in future, as in the past, the chief object of the Leper Home.

Several years ago, when Emperor William of Germany was travelling through Palestine, he paid a visit to the Leper Home, was much impressed by all he saw, and on his return to Germany, sent as a gift to the home a much needed disinfecting machine. Until the advent of this machine the nurses had washed all the bandages.

A traveller visiting the home in recent years remarked that the nurses there were the most cheerful looking people he had ever seen. A new cure for leprosy,—a serum discovered in Constantinople,—is being tried in "Jesus-Help," but no results are as yet apparent.

In South America, at Groot-Chatillon, on the Surinam River, the "Bethesda Home for Lepers" was founded in 1898, where the Moravian mission, in conjunction with the Protestant churches of the colony of Surinam, cares for the sick both bodily and spiritually. The Moravian church has pledged itself to furnish the missionary workers for this charity, and the trained nurses (four deaconesses). The costs of the undertaking, including the erection and maintenance of the buildings, are a charge upon an association representing the various Protestant congregations of Parimaribo. The enterprise is not a governmental undertaking.

Extensive alterations have been made at Bethesda during the last two years to meet the increasing demand for admission. In the Government Asylum the Protestant patients are dying out, and not being replaced by new ones; Bethesda is becoming full, and a good spirit prevails among the patients.

The Moravian Mission of West Cape Colony, South Africa, undertook the management of the Leper Asylum at Hemelen Aarde, in 1823, which had been begun by the government, and was moved to Robben Island in 1846. It remained in Moravian hands until 1868.

In German East Central Africa, in the Nyasa district, near Rungeve and Isoko, there are leper settlements, and a station for lepers has been established at Maketa, on land belonging to the mission at Rungeve, the missionaries undertaking the supervision of this work. Two years ago there were twenty-five dwellings, twenty of which were occupied. These contained sixty inmates, of whom fifty were lepers. A native Christian is in charge of the station, but of the nursing I have no knowledge. The isolation of lepers is an idea not foreign to the people in their original state; but now these poor sufferers have the benefit of Christian ministrations and help. The costs of this colony are borne by the government.

A recent record showed nearly twelve hundred lepers on Molokai, one of the Hawaiian Islands, of which nine hundred and eighty-four were natives, sixty-two half-castes, thirty-two Chinese, and five Americans. Here the victims of this dread disease live in their charnal house as dead to the world as those under the ground. A vigilant health board and the gradual purging of the old native stock, by death or by cleaner living, are showing their results in the diminishing, slowly, of this plague. These miserable people are ministered to by faithful missionaries (Roman Catholics), mostly of American birth, for the American is strangely immune.

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#### THE SUCCESSFUL TREATMENT OF LEPROSY

AN announcement which may be of far-reaching importance was made at the Congress on Tropical Diseases at Bombay, by Captain Williams, residency surgeon at Bushire, who delivered an address on leprosy. Referring to the reported cure of a Maori leper in New Zealand by the treatment introduced by Dr. Deycke, of Constantinople, and consisting of the injection of a culture of the bacillus of leprosy, Captain Williams announced that as the result of eight months' treatment by the Deycke-Nastin method he had cured two lepers. Two others were practically cured, and a fifth showed remarkable improvement.

Only those who have lived in countries where leprosy is prevalent can realize the misery which would be abolished if a cure were found.—*British Journal of Nursing.*

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A STORY from Tennessee. "A doctor told me this: A rich old woman was his patient; she needed a nurse, which he told her she should have. 'Wal, doctor,' she said, 'I hearn of them thar things a whole lot, but I never yet have felt able to wait upon one.'"

F. H. D.

## NOTES FROM THE MEDICAL PRESS



IN CHARGE OF  
ELISABETH ROBINSON SCOVIL

**DISINFECTION IN GYNÆCOLOGY WITHOUT SOAP AND WATER.**—The *Medical Record*, in an abstract from a German contemporary, states: Otto v. Herff says that the principle of the disinfection used by him is not to soften the skin and thus not to bring out the germs hidden in its deeper layers. Only the germs on the surface of the skin are dangerous and they must be surely destroyed. The usual technic of disinfection with the use of soap, water, and brush simply uncovers the organisms that otherwise lie latent in the skin. Herff begins the preparation of the skin on the day before operation by giving the patient a bath and by removing the hair from the area to be prepared, the razor and a depilatory powder being used. A wet dressing that is often used in preparing the field of operation simply renders the skin a good culture ground for the growth of bacteria. Then after anæsthesia has been begun the field is wiped for four minutes with 50 per cent. alcohol acetone; then the alcohol is removed by rubbing the skin for one minute with pure acetone, and the skin dried by sterile gauze. After the operation the field is wiped dry, but not washed. Acetone is the special agent in this method, for it acts as a solvent of fat and at the same time removes most of the moisture from the skin. In order that the surrounding tissues may be protected from secretions of the wound, alcoholic tincture of benzoin is applied. The entire technic is very simple and therefore well adapted for emergency preparations. The results in over three hundred cases show that the omission of the soap, brush, and water has led to no increase in general or local infections after operation.

**THE CONSUMPTION OF ALCOHOL AND OF OTHER MEDICINES IN THE MASSACHUSETTS GENERAL HOSPITAL.**—In the *Boston Medical and Surgical Journal*, Dr. Richard C. Cabot gives interesting data referring to the consumption of alcohol and of other medicines in the Massachusetts General Hospital during the period from 1898 to 1907. In 1898 there were 5005 patients, in 1907, 5966; the expenses for alcoholic beverages in 1898 were, ale and beer, \$759; wine and liquors, \$1563; total \$2322. In 1907, \$203 and \$610, total \$813. For medicine the expenses were in 1898, \$8424, and in 1907, \$5492. The cost of alcohol for each patient de-

creased from \$0.46 in 1898 to \$0.13 in 1907, and for medicine from \$1.68 to \$0.92. He concludes that since there has been no fall in the price of stimulants or medicine, the diminished expenditure corresponds to a diminution in the number of doses of medicine and stimulants, and indicates a rapid and striking change of view among the members of the staff of the hospital, especially in the past five years, when it has become generally known that alcohol is not a stimulant but a narcotic, and that drugs can cure only about half a dozen of the diseases against which we are contending. There has been during this period no increase in the proportion of surgical cases among the whole number treated, so that the decreased use of medicines and alcoholic beverages has not resulted from an increased resort to surgical remedies. On the other hand, there has been a great increase in the utilization of baths (hydrotherapeutics), of massage, of mechanical treatment, and of psychic treatment, all of which accounts no doubt for part of the falling off in the use of alcohol and drugs.

**ANTITYPHOID VACCINATION IN ENLISTED MEN, UNITED STATES ARMY.**—The *Maryland Medical Journal* says: Much interest has been aroused in the medical profession by the order of the War Department, recently promulgated, authorizing officers of the medical corps, whenever they deem it necessary, to call for volunteers from the enlisted men to submit to immunizing inoculations of the antityphoid serum, so successfully used by the British military authorities in the South African campaign. The immunity thus produced is only temporary, lasting for three or four months. No serious results have followed inoculation. It is the expectation of our military authorities that serum therapy will prevent a repetition of such typhoid epidemics as prevailed during the Spanish-American War. From the experiences of the British in South Africa these epidemics can undoubtedly be controlled if, during the prevalence of typhoid fever, serum therapy be practiced as religiously as vaccination from smallpox, and the order should be compulsory rather than volitional.

**THE WAR ON RATS.**—The *Medical Record* states in an editorial that a society for the extermination of vermin has been established in England in view of the enormous damage done by rats. In one year this is estimated to have amounted to \$75,000,000 in England and Wales. The society has just held its first annual meeting. At this meeting the president enumerated some of the ways in which rats brought about death and disease: by boring communications from drains into dwellings; by gnawing through water pipes and gas pipes; by running over food with filth,

contaminated feet; by gnawing at food with filthy teeth; by causing loss of sleep and nervous trepidation; by carrying disease through the mediation of fleas. Professor Anderson, a great authority on the subject, has said that the damage done by rats in Great Britain was greater than the damage done by the cobra and tiger in India, while in India itself and in Australia it was now fully recognized that by means of rat flea-plague was propagated and that the only method of abolishing plague was to destroy the rats. The *Medical Record* thinks there is room in America for antivermin societies and clubs.

**EARLY RISING AFTER LAPAROTOMIES.**—The *Medical Record*, in a synopsis of a paper in a German contemporary, has the following: Hartog says that the traditional practice of compelling patients to lie flat on their backs after an operation on the abdominal cavity is slowly passing away. Ries, of Chicago, was the first to insist upon the advantages of having patients leave their beds as early as possible. Secondary hemorrhage, breaking open of the wound, increased predisposition to hernia at the site of the wound, and finally embolism, have been put forward as the possible dangers of such practice; the first three are prevented by proper technic in closing all wounds made, the latter danger is present after all operations and does not seem to be increased by leaving the bed early. On the other hand, the advantages of this method consist in the great diminution of the danger of secondary pneumonias in the aged, the obviation of the necessity of catheterization and of the use of enemas in most cases, the increase of appetite, and, in general, the rapid recovery of the patient. Hartog's practice is to allow the patients to lie on the side the day of the operation, to raise the head of the bed next day, and to place them in a chair for one-half to one hour two or three days after the operation, if they express readiness to sit up. After this the duration of sitting up is gradually prolonged. Individualization is necessary, for no hard and fast rule can be made for all patients. Uncomplicated and afebrile postoperative course serves as the indication for allowing the patient up.

#### CURRENT LITERATURE OF INTEREST TO NURSES

*New York Medical Journal*, April 3, "Cæsarean Operation," William M. Harris; April 10, "Flat-foot," F. G. Peckham. *Medical Record*, April 3, "Potentialities of Radium as a Curative Agent," Editorial; April 10, "Venous Anæsthesia," Editorial; April 17, "Freezing as a Therapeutic Measure, Liquid Air, etc.," S. Dana Hubbard; April 24, "The Attitude of the Public towards Post-mortem Examinations," Editorial. *Maryland Medical Journal*, April, "Present Status of Tuberculosis Work



among the Poor," Mary E. Lent and Ellen N. LaMotte. *Journal of the American Medical Association*, April 24, "Acute Chorea," "Headache," "Malignant Growths," "Practical Examinations for the Medical License," Editorial; May 8, "The Insane Diathesis," Sanger Brown, M.D., "The County Society," L. Rock Sylvester, M.D. *The Visiting Nurse Quarterly of Cleveland*, April, "An Experiment in Organization," Belle Sherwin. *Illinois Quarterly*, May, "Nervousness in Children," Isaac A. Abt, M.D. *The Survey*, April 17, "A Psychologist's Criticism of the Emmanuel Movement," "Saving New York Babies," April 24, "A School of Public Health," Norman E. Ditman, M.D. *The Outlook*, April 10, "The Profession of Motherhood," Lyman Abbott; April 17, "The Economics of Spending," Lucy M. Salmon. *The Century*, May, "The New Basis of Work for the Blind," Bishop. *Lippincott's Magazine*, May, "The Tricks of Memory," Larned.

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MEDICAL INSPECTION OF SCHOOLS.—Sullivan, Murphy, and Cronin observe, in the *Boston Medical and Surgical Journal*, that, although Boston is the pioneer city in the establishment of medical inspection of school children, there are many defects. Our authors are of the opinion that the system of medical inspection, including physicians and nurses, should be placed under the control of the Board of Health. A chief medical inspector should be appointed, with deputies, if necessary, to have full authority over all, his function being to direct and control the work of the district inspectors and to see that each performs the duties required; also, through a supervising nurse, to direct the work of the nurses. The medical inspectors' powers should be definitely determined and specifically set forth, and a proper compensation should be given. The nurses should be subordinate to the district medical inspectors and should work only under their direction. A card system of records should be devised, to be filled out by both physicians and nurses, one set to be kept at the schools and another set at the office of the chief medical inspector. The Board of Health and the School Committee should co-operate in bringing about such needed reforms.

## FOREIGN DEPARTMENT



IN CHARGE OF  
LAVINIA L. DOCK

### THE INTERNATIONAL CONGRESS

\* THE exhibition of nursing appliances to be made at the congress is progressing well; the Irish nurses will have a special exhibit, in which the nursing of gynecological and abdominal cases in general will receive special attention. A district nursing exhibit is being arranged, and American district nursing associations are invited to send photographs or any graphic presentation of the educational methods used by them. Miss Eden is the collector and possessor of a wonderful collection of photographs illustrating nursing history in all periods of the world, and she wishes to add to this collection anything that shows the interiors and conditions under which the district nurse does her work. Miss Dock, 265 Henry Street, New York, will be glad to answer inquiries and give information to those in America wishing to contribute to the exhibits. Anything that can show the nurse's ingenuity and handiwork—devices and comforts, etc.—will be appreciated.

The Leicester Infirmary Nurses' League will specialize on dressings and appliances for all parts of the head and face; St. Bartholomew's Nurses' League will display operation-room and ward appliances made by nurses; St. John's House takes maternity nursing; the Registered Nurses' Society will collect nursing literature, photographs, badges, pins, and brassards. Prizes are to be offered for the best sections and nurses' inventions.

The *British Journal of Nursing* says: "Lady Truscott, the Lady Mayoress, Mrs. Whitelaw Reid, the Dowager Marchioness of Dufferin and Ava, the Lady Ampthill, Lady Helen Munro Ferguson, Miss Haldane, LL.D., and other ladies who have worked hard to raise nursing standards, together with a very large number of matrons of hospitals and institutions, have accepted the invitation of the organizing committee to act as vice-presidents of the congress and nursing exhibit."

Interesting suggestions of an "Imperial Federation of British Nurses" appear in the foreign press; *Kai Tiaki* first put forth the suggestion that England's colonies should not enter the International Council of Nurses as foreign states, and Canada responded warmly; it is prob-

able that an affiliation of all the colonies of Great Britain may be made at the London meeting.

Miss Amy Turton has promised to come from Italy and tell the rarely interesting story of the pioneer efforts in that country for a more skilled and educated nursing system.

The wonderful progress of nursing in Cuba will also be reported, and reports of strivings and upward movements will come from India, Japan, and the islands of the sea.

Everything points to the probability that this meeting will give a more astonishing review of the rise and extent of the nursing profession, and will do more to impress the minds of nurses themselves with the breadth and greatness of their responsibilities than any meeting yet held.

The delegates who come officially should have large human sympathies and be adherents of the great doctrine of the unity of the human race.

A most kind and cordial letter has been received from the president of the Red Cross Society of Japan, Prince M. Matsukata, in reply to an invitation sent by the officers of the International Council of Nurses asking for participation by Japanese nurses in the coming meetings, and we are to have the great pleasure of welcoming two distinguished representatives of the Red Cross at London, Miss Take Hagiwara, a head nurse of the Red Cross, and Madam Nobu Matsudaira, a member of the Ladies' Volunteer Nursing Association of the same body. Both ladies have a meritorious record of service given in the late war. Miss Hagiwara, in time of peace, has held the position of vice-superintendent of nurses and pupils in the Central Red Cross Hospital, and is now in a head-nurse position.

This is the first time that western nurses will have the opportunity of welcoming their valiant and distinguished sisters of Japan at a large public convention, and we feel it to be an inspiring occasion, for it will complete the chain of friendliness and knowledge of nurses for one another around the world.

#### THE BORDEAUX NURSES

THE latest report of the Protestant Hospital at Bordeaux is very full of interest. Though the hospital is small it has every branch of service, and we prophesy that it will grow faster as a result of its excellent school of nurses than it ever would have without them. "The nursing school has had sixty-two applicants for the ten vacancies for probationers, from all parts of France. The superintendent, Dr. Hamilton, has had many requests for certificated nurses to take positions in civil and military hospitals. Since 1901 when Dr. Hamilton first took charge of the hospital,

seventy-six probationers have been received; forty-four have gained their certificates, and seventeen are still in the school. Of the certificated nurses twelve are superintendents or head nurses in civil and military hospitals, six are in private hospitals or nursing homes, eighteen are private nurses, and one is doing district nursing for the Out-Patient Department of the Protestant Hospital.

The district nurse's work is most successful, and the report of her rounds sounds as familiar as if she were in this country. Her salary was given by a grateful patient, for a year, and we feel sure that some kind-hearted benefactor will continue it. The hospital has also had improvements made in the isolation wards which will improve the service and the training school has had a very generous gift from an English-woman who had taken training there.

Miss Elston, too, has been busy, for she has recently taken a nurse to Algeria to plant hospital reform there; the visitation of officials from Algeria to Bordeaux some time back having been to some purpose. The opportunity being tempting, Miss Elston made the rounds of the Algerian hospitals, of which she wrote most entertaining accounts, charmingly illustrated, in *La Garde-Malade Hospitalière*. Certainly no workers in the world ever have so many picturesque settings for their work, or so many varied experiences, as nurses.

#### INDIAN CONDITIONS

IN painful contrast to the sunshine and happy dirt of Algerian hospitals is a paper written by Mrs. Klosz, a Johns Hopkins graduate nurse, who is working at Akola, in India, for the recent meeting of the Association of Nursing Superintendents of India. It is called "The Place of the Indian Nurse in Social Service," and gives a heartrending picture of the results of many centuries of sanitary darkness. She writes:

"India has great and terrible problems before her in the management of her physical life; problems compared to which her political troubles, real and imaginary, are of second importance to the masses of the people.

"Plague, cholera, tuberculosis, syphilis, puerperal fever, and opium administered by ignorant mothers, are killing their thousands every year. We can do much to help them by the earnest training of our nurses, making them centres of education and influence upon these subjects. This sounds visionary, . . . and it is visionary, but, I believe, a vision of what is to be. . . . Although bubonic plague has been for a number of years literally devastating India, it is not necessary to include it in this paper, because so much is already being done for its eradication. And the government has worked so long and successfully

that the time may not be in the very distant future when plague shall be, for India, a thing of the past. Cholera is also being more or less successfully held in check by government measures, and similarly small-pox, a serious epidemic of which is hardly to be feared. But there are those other scourges . . . which it will require all our ability, all our perseverance, and all our faith to combat. India must be taught and roused to help in the "world's war against consumption." . . . Ignorance with regard to consumption even among intelligent people is almost beyond belief. . . . Perhaps nothing makes a more dreadful impression, or leaves a more hopeless feeling with any one connected with hospitals and dispensaries in India, or in any country, than the awful prevalence of syphilis and gonorrhœa. . . . It seems to be the fashion nowadays with certain writers . . . to whitewash the conditions that prevail. . . . It may take years to produce any very noticeable result against an old established evil such as these social diseases present. . . . Our nurses must learn to look upon these things as the serious matters they are. . . . In place of a foolish shrinking from such patients we must try to inculcate a spirit of zeal for reform which will help to educate the women in our hospitals in morality and the prophylaxis of social diseases. As in tuberculosis, patients should know from what disease they are suffering and be taught to guard against infecting others.

"I have not been able to collect any statistics relative to puerperal fever, but we all know that it claims numbers of victims every year. . . . A department for training *dais* might be added to many of our training schools and every well-equipped hospital should do all it can to get hold of the obstetrical work in its vicinity. When the women come to know that their lives and those of their children are so much safer under the foreign methods of treatment, it ought to make it easy for them to give up the old *dais*, even in the face of caste and custom. A friend of mine who is in an almost unbelievably wild and ignorant part writes: It seemed to be expected that if a woman was not able to get up in three days she would die. By taking up midwifery I have been able to cope with this state of things, and I have had ninety cases; and there is no more child-bed fever in my locality. Instead the mothers are all well and the babies all healthy.

"It is to be hoped that the custom of giving opium to babies is much less prevalent in some parts of India than in others. In Jhansi we are continually meeting cases of what they call the 'drying-up disease' caused by this practice. In the Deccan it is also common, for Dr. Ruth Hume of the Mission Hospital at Ahmednagar tells me that they ask

the mothers in the dispensary, not 'Do you give the baby opium,' but 'How much do you give it?' . . . Our nurses may have a great influence in teaching the effects of this drug, and warning mothers against giving it, even before the practice is begun. As far as I know, little or nothing is done by the Indian men to teach their wives the harmful results of this custom. Cannot we as an association send a letter to the leading papers of India to take this matter up and write in an attempt to stamp it out of the homes of the people? China's campaign against opium for the grown people might well be followed by one in India to save the children. These are some of the problems with which we as nurses come into daily contact."

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PREVENTIVE AND CURATIVE TREATMENT OF PUERPERAL INFECTION BY THE USE OF ESSENCE OF TURPENTINE.—The *Medical Record*, quoting from *L'Obstétrique*, says: Fabre advocates the use of essence of turpentine both as a preventive of puerperal infection and as a curative treatment when the infection has begun. The preventive treatment is used by injecting equal parts of sterilized water and essence of turpentine into the uterus after labor as a routine treatment. When infection has occurred the same injections are used twice or three times in the twenty-four hours, as long as the infection remains localized in the uterus. When it has become generalized the drug is used by subcutaneous injection into the cellular tissues. The results have been excellent, as the treatment has been employed in the Maternity at Lyons.

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EFFECT OF NARCOSIS ON THE BODY TEMPERATURE.—In an interesting paper in the *Johns Hopkins Hospital Bulletin*, T. Griffith Davis says: W. H. Morley, in an article devoted to this same matter, also describes the lowering of body temperature under ether anaesthesia. He favors the view that the lowered temperature is due to increased output of heat in consequence of dilation of the cutaneous vessels and to lessened heat production from diminished muscular movement. He urged that stringent precautions be taken against the loss of body heat during anaesthesia by having the patient well protected and in a warm operating room, believing that many of the so-called postoperative pneumonias are a consequence of the patient being chilled while in a state of narcosis.

He also quotes from W. F. Hewett that covering cutaneous areas with towels wrung out of antiseptic solutions is open to considerable objections.



## LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

### NURSING UNDER DIFFICULTIES

#### I

DEAR EDITOR: Nurses have written of going into the slums of the city, of going to foreign countries, also the eastern and western parts of the United States to care for the sick. This has been my experience in one of the small towns in the extreme western part of Texas, the greatest state in the union. I was ready to go to my own home when a doctor telegraphed me to come west on the next train.

My trip of almost three hundred miles I enjoyed very much, all the way dreaming of the beautiful still prairies I was to see all covered with flowers; I arrived at my destination, a town of about fourteen hundred inhabitants, about midday. My dream of the beauty of the prairies was suddenly dispelled. I was in the midst of a furious sand storm, the wind blowing forty miles an hour, and every person wearing sand glasses to protect the eyes. There was no one to meet me. Thinking the doctor had not received my telegram, I asked the station agent if I could call him by telephone. He told me there was no telephone at the depot. I walked to a drug store about three blocks away and asked what I thought was a school boy where I could find Dr. G——. He said, "I am Dr. G——, and you are the nurse I sent for?" I told him I was and thanked him in a very sarcastic tone for his kindness in sending some one to meet me. I think my sarcasm was lost on him, he probably never understood it. He introduced me to the physician who was practicing with him. He was a very gruff old fellow and told me I was to nurse his patient, a pneumonia case. In the awful storm which they considered "only a slight wind," he took me to my patient's home on the outskirts of the town.

I found that the patient, a boy of sixteen, had pneumonia in the worst form. The house was built of thin boards with nothing to cover the cracks. There were three rooms with a fire only in the kitchen. The patient's bed was in the corner of one room, covered with a heavy canvas to protect him from the sand and wind. The doctor did not prescribe fresh air treatment. If he had I think probably we would have found the patient blown across the prairie.

I moved out of his room dozens of pairs of shoes, coats, hats, and many other things too numerous to mention, rags of all description from under the bed, most of them soiled from the patient's having expectorated in them. I burned those, and when I could get close to the bed the doctor told me to give him a general cleansing bath. I think he had never had a bath before. I used all the clean rags I could find for towels, and moved him on the only clean sheet the house afforded.

I stayed by his bedside thirty-six hours, then the doctor had me relieved and took me to another place to rest, for which I was truly thankful. The father, mother, and six children, ranging in ages from three to thirteen years, all

slept in one small room on pallets made of quilts not remarkable for their cleanliness.

The next morning the mother of the patient called the doctor and told him in a very shocked and horrified tone, "That trained nurse took my boy's underclothes off and bathed him." The doctor laughed heartily when I said: "Yes, I took them off, as I thought probably it was the only bath he ever had and I could not bathe him very well with them on."

Such were the surroundings of a bad case of pneumonia, not in the slums of the city, but in a country town where they have God's good air to breathe and where everything should spell cleanliness and health. The people were supposed to be civilized Americans and owned land worth fifteen thousand dollars, but were lazy and shiftless. Such are to be found all over the south.

My next patient in the same town was one of the dearest little women I have ever met and came from a home of wealth and refinement. Such nursing is to me like the foreign missionary work the different churches are doing. If the American people were educated up to it, there would be no need of going into foreign countries to do missionary work.

PEARL SNABLY.

## II

DEAR EDITOR: A man came for me one Saturday morning to ask if I would go to a case of eclampsia, seven and one-half miles out in the country. Of course I said I would, and hurriedly put my house in order while the man did some errands. Our conveyance was a rickety open wagon, drawn by a rough looking pony, whose fastest gait was painful it was so slow. The road lay through farming country with occasional houses, some of them not much more than sheds of two or three rooms, for this is pioneer country and few of the farmers can afford to build larger houses. To an easterner it seems very crude, but these houses are really warm and comfortable if one will only compare them with those the pilgrim mothers must have lived in.

It was just noon when we arrived at a three-room board house, the last but one before the beginning of the timber line. The patient, a woman of nineteen, had been married for about a year. The baby was born on Friday night. She had had one convulsion before the birth of the child, and several during the night, the last at 8.30 that morning. The doctor had been with her all night, but left before I came, and had given little hope of the patient's recovery. She had no more convulsions, however, and when I left after nine days she was feeling very well, and beginning to enjoy the baby.

The conditions or lack of material would, I think, have staggered the average district nurse, for she has her bag and is usually within reach of supplies. There were a few baby clothes, all that were absolutely necessary, but not one thing to use for the mother. She had four sheets, one of them clean, but owing to her precarious condition I did not dare to move her to change it until late on Saturday. There was no clean nightdress, but on Sunday her sister-in-law sent over one which she "had worn one night," and after airing it out of doors and warming it for an hour by the stove I put it on the patient. It was a choice of evils and I chose what seemed the less. There were no pads or napkins, only some so-called clean rags in a flour sack, mostly pieces of fleece-lined cotton underwear and odds and ends of old shirts. From these scraps, as soon as I got time, I made up some pads and sterilized them, a few at a time. On Monday, I

sent the husband to town for cotton and gauze and made up some good pads and sterilized them. Fortunately I had bichloride tablets with me and of course I boiled all water used. The location of the well was about as bad as it could be and, in addition, surface water from melting snow was running into it.

The husband, also aged 19, did the cooking and washing, there was nothing else for him to do, and the mother and baby and lack of convenience kept me fairly busy. This sounds as if it was all very hard work but in reality it was not, the anxiety for fear of septic conditions being the only disagreeable part of it.

During the day a small black puppy superintended matters, rocking the chair which held the baby by pulling at the comfortable with which it was covered, or sleeping under the chair. It usually accompanied me if I went out of doors, and to walk across the yard with a bed-pan in one hand, a pail of water in the other, with a puppy tugging at my skirts or trying to climb up them, was no easy matter. If I went out in the night, the black cat scampered after me.

Fortunately it was fairly warm weather; blue birds, meadow larks and robins were close about the house, and one morning I saw four deer feeding on the hillside opposite. The nights were cold, but an "air-tight stove" and plenty of wood kept the house cozy and warm.

After this, when I start off for a case in the country, I shall carry absorbent cotton and gauze, enough for a few days; though I think this case was unusual owing to the young woman's ignorance of what she needed.

AN EASTERN NURSE IN MONTANA.

#### DISPOSAL OF REFUSE

##### I

DEAR EDITOR: I was on a case last summer in an apartment where I had no fire in the basement or elsewhere except a gas stove. I kept a covered pail for soiled dressings on the back porch. Every night after dark my patient's husband carried this to a vacant lot near by and burned the debris.

E. C. J.

##### II

DEAR EDITOR: In regard to the disposal of refuse in apartments, I would like to say to E. L. P. and other sister nurses that I found no difficulty in disposing of same. A great many houses have now continuous hot water, and there is the heater day and night, and a friendly talk with the janitor will bring what you desire; often you will find the open fireplace unused, but by just taking newspaper and lighting it towards the open chimney it can be cleared to burn rubbish.

About two years ago, on an obstetric case, I was requested by the attending physician to dispose of the placenta by putting it into the water-closet. I was horrified, but he laughingly assured me it would not come back. I finally did it and have done so on every obstetric case that finds me in the apartment house, regardless of the heater in the cellar or not, and have had no trouble nor heard of any disastrous results. I like to mention here that one must do it quickly and pull the chain as soon as the placenta is placed in the bowl, as the water is apt to overflow. I never tell the family and I have never been asked what I have done with it. Try it.

M. A. M.

**"HOUSEKEEPING FOR TWO"**

DEAR EDITOR: I, with others, want to thank Miss Hamman for her talks in the JOURNAL on "Housekeeping for Two." They are delightful for those of us who keep house, and although a number of nurses may be living together, it is seldom that more than two are at home at the same time, so it is gratifying to look in the JOURNAL for that month and find such help as to what to get and how much for two.

Miss Hamman's reasons for doing "so and so" are so clear and simple that one feels confident to prepare anything she suggests without the usual thought, "I wonder if it will be all right." Z., R.N.

**BETTER INSTRUCTION NEEDED**

DEAR EDITOR: Anent a recent complaint of careless spelling and pronunciation among nurses: The superintendent of nurses in a hospital under the auspices of the Episcopal Church, writes in her annual report that the course of training in her school has been "*altared* to meet the requirements of the Nurses' Bill."

Is this the result of religion or carelessness?

B.

**A QUESTION**

DEAR EDITOR: I wish through the JOURNAL I might learn what form the Nurses' Alumnae Associations use in taking in new members.

A. J. L.

**SOME USES OF THE JOURNAL****I**

A RECENT illness has killed all my hopes of getting to St. Paul this spring. I must go to the convention by way of the JOURNAL.

F. L. H.

**II**

I AM the only nurse in a town of 6000, and the JOURNAL is all I have to keep me in touch with my work.

M. E. S.

**III**

I FEEL highly indebted to the JOURNAL and to all those who through the same so kindly contribute their knowledge and experience as well as their great anticipations.

H. M. L.

**A REPLY**

DEAR EDITOR: I noticed J. E. W.'s request in the May JOURNAL, and would say in reply that I have heard recently that there is a demand for nurses at Highmore, South Dakota. It is a county seat town of 1000 and is growing. Inquiries should be addressed to Dr. I. M. Burnside at the above address. Trusting that this information may be of use.

E. V. R., R.N.

**A CORRECTION**

DEAR EDITOR: I hasten to correct a mistake in regard to the amount of quinine used in that old Scotch formula for the relief of flatulency. The formula is water, one ounce; whiskey, two drachms; quinine, three grains.

S. T. L.

## NURSING NEWS AND ANNOUNCEMENTS



### THE NATIONAL CONVENTIONS

THE Superintendents' Society will meet in St. Paul, Minnesota, on June 7 and 8, with headquarters at Hotel Ryan. The Federation will meet in Minneapolis on June 9, at the First Baptist Church. The Associated Alumnae will meet in Minneapolis, June 10 and 11. The meetings will be held in the First Baptist Church. The headquarters will be the West Hotel.

### THE TUBERCULOSIS SCHOLARSHIP

THE committee having in charge the fund of three hundred dollars for the Tuberculosis Scholarship is prepared to receive applications for this scholarship for the coming year.

The scholarship will be awarded on the basis of the qualifications presented by the candidates as to fitness for this special field of work. It is proposed in outlining the plan of study to include certain subjects offered in the course of the New York School of Philanthropy and in the Department of Hospital Economics at Teachers' College. Opportunity will be given for study and investigation along lines dealing with measures for the prevention and control of the disease and in the most advanced methods in use for the care of patients in the various stages of the disease.

Nurses especially interested in tuberculosis and desiring to prepare themselves for work in this field may obtain information regarding this scholarship by applying to the secretary.

MARY W. McKECHNIE,  
Nassau Hospital, Minneola, N. Y.

### MASSACHUSETTS

**Boston.**—THE CHILDREN'S HOSPITAL held graduating exercises for the class of 1909 at the Conservatory of Music on May 6.

THE MASSACHUSETTS GENERAL HOSPITAL ALUMNAE ASSOCIATION held its regular meeting in the Thayer Library on March 30. Agnes E. Aikman and Annie H. Smith were appointed delegates to the Associated Alumnae, with M. Elizabeth Booker and Annie Fletcher as alternates. Lizzie J. Woods, one of the members who is a missionary and teacher at the government school at Fort Yukon, Alaska, gave an interesting talk on her work. She has a keen sense of humor and told in an amusing and instructive way of the difficulties met and overcome, of the climate, characteristics of the people, etc. The president of the association, Emma A. Anderson, invited the members to meet with her at the Baptist Hospital for the May meeting.

THE ROBERT B. BRIGHAM HOSPITAL has received by the will of Miss Elizabeth Brigham, sister of the founder, the sum of \$1,500,000.

THE BOSTON NURSES' CLUB held a reception at the Hotel Vendome on the afternoon and evening of May 21 to celebrate its tenth anniversary. Invitations were extended to many friends of the club, including clergymen and physicians and their wives, also to heads of hospitals and others prominent in the nursing

profession. Dr. Conant, president of the club, and Mrs. Conant, Miss Dolliver, and Miss Drown, first and second vice-presidents, and Miss Caroline L. Beedle received in the evening; Dr. Laura A. C. Hughes, Mrs. M. A. MacQuarrie, Miss Edith M. Grant, and Miss S. B. Johnson in the afternoon. The evening program included an address by Rev. Alexander W. Mann, D.D., and a brief history of the club prepared by Miss Johnson and read by Miss Riddle, who also on behalf of the members of the club presented "The Life and Letters of Louis Pasteur" bound in red leather and the following testimonial to Dr Conant: "To Doctor William M. Conant we, the members of the Boston Nurses' Club, on this our tenth anniversary, desire to express to you our gratitude and appreciation for the ten years during which you have been our faithful and efficient presiding officer. We feel that within those years our club has been firmly established on sound business and professional principles, largely by your interest and influence. For the time, the thought, and the interest which you have devoted to our welfare we wish to thank you heartily; and we wish to express the hope that our mutual relationship may long continue."

**New Bedford.**—ST. LUKE'S HOSPITAL TRAINING SCHOOL held its graduating exercises at the White Home on the afternoon of May 20. The address was given by Miss Lillian Wald of the Nurses' Settlement, New York. Tea was served at the close of the exercises. The graduates were the Misses Carlson, McQuade, Tripp, Stewart, Vivian, and Porter.

#### RHODE ISLAND

**Providence.**—SUSAN TRACY, of the Adams Nervine Asylum, Jamaica Plain, lectured before the nurses of the Rhode Island Hospital on April 13 on invalid occupations.

#### CONNECTICUT

THE GRADUATE NURSES' ASSOCIATION OF CONNECTICUT held its annual meeting at New Haven on May 5. The meeting was opened with prayer by the Rev. Mr. Stearns, of New Haven, and Miss Stowe, in the absence of Dr. Summersgill, superintendent of the hospital, gave on behalf of both hospital and training school a cordial address of welcome. The secretary's report was read and accepted. A letter was read from the treasurer, Miss Rose M. Heavren, stating that owing to her absence from the city on a serious case she had been unable to prepare the treasurer's report in time for the meeting. Miss Heavren has been treasurer of the association since its organization and one of its most active and able workers, but a contemplated absence from the state renders further service impossible. Her sister, Miss Marcella Heavren, a graduate of the Boston City Hospital, has been elected to the same position. A vote of thanks for her efficient service and regret at her leaving was tendered Miss Heavren. The members congratulate her associates in her new field of activity.

The president's address outlined a revision of the state registration law, a revision of the by-laws, a more active co-operation of members, and more sociability. In accordance with this last suggestion it was voted that a banquet be made a feature of the next annual meeting. It was voted to combine the offices of both secretaries in one person, and a committee of five was appointed to revise the by-laws making this and other desirable changes. This committee consists of R. Inde Albaugh, R.N., M. J. C. Smith, R.N., I. A. Wilcox, R.N., E. A. Somers, R.N., Harriet Gregory, R.N., and is to report at the September meeting. Owing to absence from the state, Mary A. Bolton, of Bridgeport, tendered her



resignation as chairman of membership and as a member of the State Registration and Examination Board. Miss Bolton, like Miss Heaven, has been closely associated with state work from its beginning, and a vote of regret at her resignation was taken. Alice MacCormack, of Hartford, was appointed to the Membership Committee. The appointment by Governor Weeks to the State Board is pending. The following officers were elected: president, Martha J. Wilkinson; vice-presidents, I. A. Wilcox, E. A. Somers; treasurer, Marcella T. Heaven; secretary, E. Baldwin Lockwood; Executive Committee, R. I. Albaugh, A. H. MacCormack, Winifred Ahn.

An invitation was received from Miss Ahn to hold the next meeting at the Bridgeport Hospital. It was accepted, and the meeting will be on September 1, 1909, at Bridgeport, Conn. An interesting lecture, "Pure Milk Supply," with lantern illustrations, was given by Dr. Steele, of New Haven. A lunch was served by Miss Stowe to the members present.

## NEW YORK

## New York.—THE HOSPITAL ECONOMICS DEPARTMENT, TEACHERS' COLLEGE.

## HOSPITAL ECONOMICS ENDOWMENT FUND

Previously acknowledged .....		\$9053.90
Mt. Sinai Alumnae Association.....	\$100.00	
Maryland General Hospital Association.....	25.00	
New York Hospital Alumnae .....	103.00	
Kentucky State Nurses' Association .....	100.00	
Transferred from Tuberculosis Fund by Nurses' Committee .....	82.00	
Annie Rykert .....	10.00	
Nora K. Holman .....	15.00	
	<hr/>	\$435.00
Less contribution of Graduate Nurses' Association of Dayton, included in Tuberculosis Fund and previously acknowledged .....	25.00	410.00
	<hr/>	<hr/>
		\$9463.90
For Current Expenses:		
Interest on Investment.....	\$100.00	
Grace H. Dodge .....	100.00	
Transferred from Tuberculosis Fund by Nurses' Committee .....	70.00	
	<hr/>	\$270.00

The contribution of \$100.00 from the Mt. Sinai Alumnae Association which was credited to Current Expenses in our last report should instead have been placed under the Endowment Fund; and acknowledgment should also have been made at that time of the very generous aid which the Mt. Sinai Association is giving to the Hospital Economics Department in pledging itself to contribute \$100.00 annually to the Endowment Fund until it has been completed. We regret that through illness the matter did not receive proper attention at the time.

As the college year approaches its completion, there are several features of the work in Hospital Economics of which we may speak. The students have had a very profitable, interesting, and satisfactory year, and one and all will leave the work with regret. In addition to the regular and very full course offered by the college, the last few weeks are crowded to the utmost with lectures and excursions, the latter including visits to manufacturers of beds and bedding and to importers of hospital linen supplies, as well as to certain new model hospital kitchens, while Miss Noyes's lectures on hospital laundries were supplemented by visits to both hospital and commercial laundries for the study of equipment and methods.

We have greatly appreciated the addition made to the regular course of lectures on hospital organization and administration by the two lectures given by Dr. Henry M. Hurd, and the three by Dr. C. Irving Fisher, on the general subjects respectively of hospital management and hospital accounting. Through Dr. Fisher's kindness valuable additions on the literature of the latter subject have been made to the special library of the department.

Some of the special lecturers whom the students have heard recently are: Dr. Devine, of the Charity Organization Society, in a repetition of the last lecture of the Kennedy Foundation on "The Justice and Prosperity of the Future"; Mr. Hubbell, of the Society for the Prevention of Blindness, on "Preventable Blindness"; Mr. George Kingsbury and Mr. Bailey B. Burritt, of the State Charities Aid Society, on the tuberculosis and the ambulance work, respectively, of that society; and Dr. Ditman, of the College of Physicians and Surgeons, on the new School of Health and Sanitary Science.

Three of the students have arranged to work in some of the fresh air homes of the Association for the Improvement of the Condition of the Poor during the summer, and one member of the class remains on for the summer session to complete some work in which she is interested.

The following members of the class have received appointments for the coming year: Miss Isabel Stewart, assistant in Hospital Economics, Teachers' College; Miss Bertha Erdmann, superintendent of nurses, University Hospital Training School, Minneapolis, Minn.; Miss Effie Taylor and Miss Harriet Bailey, assistants in the Johns Hopkins Hospital Training School, Baltimore, Md.

Three members of the class are hoping to take a second year of work at the college (which will include opportunities for practical work in the housekeeping department of a hospital), while one or two others are desirous of remaining, and we hope that possibilities may open which will enable them to do so.

It seems desirable here to call attention to the need of scholarships or of some similar aid for students who are anxious to undertake the work here. Many letters have been received during the year from nurses who are eager to take the course but who would find it difficult, if not impossible, to do so without receiving some aid. Scholarships or loans, varying from one hundred to two hundred dollars each, might enable desirable students to get the further training which they now feel to be just a little beyond their reach, and perhaps some of our associations of nurses, state or alumnae, may feel disposed to help some of their members in this practical way, which should ultimately help in furthering good work in our training schools.

M. ADELAIDE NUTTING,  
Director of Hospital Economics.

THE BELLEVUE HOSPITAL SCHOOLS FOR NURSES held graduating exercises for both men and women students on the evening of April 28 in the auditorium of the Cornell Medical College. After the graduating exercises, a reception was held in the new nurses' residence at 440 East 26th Street, which was also the formal opening of the building. An address was made by Mayor McClellan. The graduates of the school for men nurses are: Messrs. Barghoorn, Bellinger, Blackmore, Briggs, Cahill, Callahan, Costello, Davies, Gade, Gallagher, Jackson, Kingsbury, Kreis, Lamarche, Morris, Quinn, Roberts, Stuart, Williamson.

The graduates of the school for women nurses are: Misses Brill, Coleman, Cosgrove, Davis, Devennie, Donahue, Fraser, Gillis, Knelly, Lynch, MacHugh, Mann, E. Moore, A. Moore, O'Connor, Pennick, Perry, Petersdorf, Powers, Rutledge, Ryan, Sears, Staniforth, Sweeney, Tucker, Wagonhoffer, Wood. The new building is impressive, running the width of the block, with three wings; there are three hundred sleeping-rooms with spacious halls, reception rooms, libraries, and dining-rooms, all sorts of modern devices for the needs and comfort of those living under its roof, from the cellar to the roof-garden.

THE ROOSEVELT HOSPITAL TRAINING SCHOOL FOR NURSES held its graduating exercises in the lecture room of the College of Physicians and Surgeons on May 7, and these were followed by a reception in the administration building of the hospital. The graduates are Mrs. Mitchener and Mrs. Cotton, and the Misses Armitage, MacDonell, Carter, Grant, Watts, Rutherford, Stenson, Herron, Graham, Burwash, McKenna, McKerlie, Owen, Parke, Duncan, Allen, Daniels, Farr, Scott, Dickerman, Law, Atkinson, Casey, Kirkpatrick, Smith, Smedley, Graham, Ryley, Brownrigg, Bond, Langton, Smith, Stewart, Child, Houghton, Reid, Culbert, Appelbe, Wilson, Dalton, Hannaford, Weir, Robinson, Ham.

MARY A. SAMUEL, R.N., whose resignation as superintendent of nurses of the Roosevelt Training School was announced last month, authorizes the statement that at the request of the board of managers and the medical staff she has withdrawn her resignation. The term of training, which was changed from three years to two, two years ago, is to be extended sufficiently to include the probation period.

THE PRESBYTERIAN HOSPITAL SCHOOL OF NURSING held its fifteenth commencement exercises in the Florence Nightingale Hall, on May 13. Dr. Henry Sloane Coffin delivered an inspiring address. The diplomas were presented by Mr. John S. Kennedy, president of the hospital, and the school pins by Mr. Frederick Sturges, vice-president and chairman of the School of Nursing Committee. Music was furnished during the evening by the Mendelssohn Quartette. The exercises were followed by a reception and dance, given by the managers of the hospital, where the graduates received the congratulations of the many friends of the school and hospital. Diplomas were given to the following nurses: Misses McLean, Bulmer, Bentley, Powell, Locke, Gould, Duncan, McClung, Cowell, O'Neill, Decker, Mackay, Munck, Wiegand, Merritt, Stevens, Rylands, Young, Bauer, Pierson, Pitcher, Davey, Woodruff, Benson, Cooke, Simpson.

THE ALUMNÆ ASSOCIATION OF THE PRESBYTERIAN HOSPITAL SCHOOL OF NURSING held a reception for the graduating class of 1909 on May 14, from four to seven.

THE NEW YORK POST-GRADUATE HOSPITAL TRAINING SCHOOL held its exercises on the evening of April 27, twenty-two nurses receiving diplomas: addresses were made by the Rev. Dr. Stires, Dr. Clarence C. Rice, and Dr. Theodore Dunham.

ANNIE M. RYKERT, R.N., has resigned her position as superintendent of nurses at the Post-Graduate Hospital to take effect July 1, and is to return to her home in Canada to care for her aged father and mother.

THE NEW YORK CITY TRAINING SCHOOL ALUMNÆ ASSOCIATION elected in January officers for the year as follows: president, J. Amanda Silver, R.N.; vice-presidents, Frances H. Meyer, R.N., and Mrs. Anna B. Byrne, R.N.; recording secretary, Anna M. Keaver, R.N.; corresponding secretary, Florence Kelly, R.N., 420 West 116th Street; financial secretary, M. L. Muldoon, R.N.; treasurer, Mrs. T. Hines Nason; trustees, Misses Forman, Silver, Gordon, Bollerman, Vosburg, Fisher, Kerrigan, Ferrell, Keller, and Mrs. Wiggin, Mrs. Syron, Mrs. Nason. The chairmen of committees are: Executive, Miss Silver; Finance, Mrs. Nason; Admissions, Miss Bollerman; Sick, Mrs. Nason; Entertainment, Mrs. Potter; Red Cross, Mrs. Stevenson.

THE NEW YORK HOSPITAL TRAINING SCHOOL ALUMNÆ held its annual meeting on April 14 and elected the following officers: president, Amy E. Holmes; vice-president, M. J. MacKenzie; recording secretary, Ada B. Stewart, 414 East 14th Street; corresponding secretary, M. M. Wygant; treasurer, Martha M. Russell; trustees, Josephine Hill, Mrs. C. V. Twiss, and M. H. Wilson.

THE METROPOLITAN HOSPITAL TRAINING SCHOOL formally opened its new nurses' home on May 17, when the building was open for inspection by invited guests.

PLACES FOR REST AND RECUPERATION for nurses are: the Caroline Country Club for Social Workers, which is open to all engaged in charitable and philanthropic work; this house is delightfully located at Hartsdale, among the Westchester hills, and is only an hour's ride from New York. The club has now a membership of three hundred, representing fifty organizations, and the demand for rooms is so great that it is necessary to book ahead. The Betty Loeb Home for Convalescents, also situated in Westchester County, is a restful spot for tired nurses. "The Brownery" in Orange is attractively located in the Orange mountains and is deservedly popular with the nurse who wishes to get away from her work for a week or two. Edith Home on Belle Island, on the Sound, has its charm for those who wish to be on the water; and in the Adirondacks, "Moon Hill Camp" on Schroon Lake and near Pottersville makes a reduction to nurses in June and September.

THE DELINEATOR is doing a good work in its agitation for the education of mothers and the care of babies and has placed in the field in New York City nine graduate nurses who will act as organizers of consultation centres. They will devote the day until three o'clock in teaching the mothers in the homes, and after three may be found at the consultation rooms, thus being accessible to all the mothers at some time during the day as, considering the range these nurses are to have, it would be impossible to visit all who need attention and advice every day. H. Grace Franklin, R.N., who organized the home visiting service in connection with the children's division of the Out-Patient Department of the University and Bellevue and the Roosevelt Hospital Dispensaries is the supervising nurse.

DR. GEORGE E. BREWER, chief surgeon at Roosevelt Hospital, gave a clinic on April 30 for the members of the Roosevelt Nurses' Alumnae; members of the other alumnae were invited to be present, and that Dr. Brewer's kindness in giving so many nurses the opportunity of observing perfect technic in the

operating amphitheatre was appreciated was well demonstrated by the number present and the attention paid to every step taken in the two operations performed; one, that of pyloric obstruction with unusual complications proving specially interesting. Dr. Brewer prefaced his work with a short talk on surgical technic as observed at Roosevelt and emphasized the importance of not talking over the field of operation, all needs for instruments, etc., being indicated by signs.

DR. WM. P. NORTHRUP, in his lecture given before the physicians and nurses of the New York Milk Committee, spoke of the innovation made at Junior Sea Breeze in the bathing of infants: an 80-gallon tank is fitted with thermometer and water register so that quantity and temperature may be seen readily, the pipes for the filling of the tank are so arranged that the hot and cold water mix readily while flowing in, and the bottom of the tank has two long rubber pipes with metal nozzles. Under the tank is a sink winged by two sloping marble slabs on which the towels are placed (a fresh one for each child), then the baby placed on it: the babies enjoy the spraying—the bathing is accomplished in from one-third to one-half the time—and it lessens the likelihood of a child infecting himself as he is apt to do if allowed to play in a tub. The importance of having a strong light from window or by electricity thrown on the shelves, so that the baby may be thoroughly scanned, was emphasized.

THE ACADEMY OF INFANT SCIENCE is a newly incorporated body, which Mrs. Gibson Arnoldi has been interested in organizing. It has for its object the diminution of infant mortality and purposes teaching mothers in all that pertains to the care of children.

A NEW HOSPITAL is the St. Lawrence under the management of the Sisters of Mt. St. Vincent. Just now, the building already on the place when the Order bought it is, with some additions, being used until such time as the plans made for a very fine hospital building can be carried out. Sister Margaret Ignatius is in charge, with Sister Lorentia (who was graduated from St. Vincent's as a nurse before taking the veil), as head nurse, the nursing staff being supplied from St. Vincent's Hospital. The site is a fine one, on Edgecombe Avenue and 163d and 164th Streets.

THE SCHOOL OF PHILANTHROPY is to open in the fall a night school for the benefit of social workers, nurses, and others engaged during the day.

THE COMMITTEE ON THE PREVENTION OF TUBERCULOSIS has had for the past month its Free Travelling Tuberculosis Exhibition in the first floor of an office building on the corner of Fourteenth Street and Fifth Avenue. This is a wonderfully well arranged exhibit telling in itself the whole story, but lest it may not sink in, the pictures and texts are supplemented by a phonograph and at intervals of fifteen minutes the large megaphone spouts forth terse, straight-from-the-shoulder advice: the place is crowded during the noon hour and demonstrates the wisdom of setting up the exhibit in such a busy mart. Circulars giving a description of the disease and methods for its prevention are distributed among visitors. In the evening stereopticon pictures are thrown upon a screen placed in the window. The fly and the telephone are given conspicuous places upon the wall as active distributors of the disease. Jars of specimens of lungs, health, dirty, tuberculous, etc., in the child and the adult are carefully studied by visitors young and old. The models of the new law tenements placed beside models of the old dumb-bell or even beside New York's average tenement ought,

with the "Don't live, don't work, don't sleep in rooms where there is no fresh air," to ensure the safety of New York's tenement laws.

THE ESTABLISHMENT OF AN INEBRIATE HOSPITAL in connection with an industrial colony is being considered, where persons arrested for inebriety may be kept under observation and treated.

NURSES ENGAGED IN WORK IN CONNECTION WITH THE ASSOCIATED CLINICS have formed an organization: the Nurses' Association of the Association of Tuberculosis Clinics. Only those doing work in the associated clinics are eligible for active membership, but any nurse engaged in tuberculosis, day camps, church clinics, etc., is eligible for associate membership. Meetings are held on the first Thursday of each month in the United Charities Building. Elsie Thayer Patterson is the president and F. Elizabeth Crowell, 105 East 22nd Street, is the secretary.

WITH THE MAURETANIA MAKING RECORD TRIPS to Queenstown the chances of a good representation of busy women at the International Congress increase. Jane E. Hitchcock, of the Nurses' Settlement, sailed on the record-breaker on May 5 in order to be present at the opening of the District Nursing Congress in Liverpool on May 12.

THIRZA A. POPE, a graduate of the Brooklyn Hospital Training School, has been appointed supervisor of the nursing division of the Association for Improving the Condition of the Poor. This division embraces the work done by the relief, visiting, and the Caroline Rest nurses.

THE RUSSELL SAGE INSTITUTE OF PATHOLOGY is one of the many interesting developments on Blackwell's Island. The purpose "is two-fold; first, research into the problems of disease and more especially the diseases of advanced life. Second, the improvement of the care of the city's poorest sick and aged in two of its largest institutions." Dr. Janeway quotes Dr. Welch, of Johns Hopkins, as drawing attention to the fact that "medical science in the last fifty years had been able to increase the expectation of life for every individual by twelve years, but this increased expectation of life only held good before the age of forty, after which expectation of life is still no greater than that of our forefathers. This is because the prevention of disease has been, so far, through the study and knowledge of infectious diseases, which attack especially the young. The preventive measure of the future," he said, "must study the causes of organic changes of later life, and learning these, know upon what depends the accomplishment of their prevention." Dr. Janeway said, in his recommendation for the establishing of such an institute: "The opportunities for observation of the changes, which occur with advancing age, in the heart, kidneys, and blood-vessels, and of the diseases of the nervous system among the two thousand inmates, is unparalleled." Dr. Horst Oertel, who has been pathologist at the city hospital for the past four years, is pathologist of the Russell Sage Institute.

DR. CHARLES B. BACON, formerly superintendent of the Cumberland Street Hospital in Brooklyn, was appointed superintendent of the City Hospital on Blackwell's Island, entering upon his duties May 1.

**Brooklyn.**—THE METHODIST EPISCOPAL HOSPITAL ALUMNÆ ASSOCIATION held its annual meeting at the hospital on April 14, the president, Miss Shipman, presiding. The treasury is reported to be in a very encouraging condition. The registry, under the efficient management of Mrs. Henriksen, has almost completed its second year and is greatly appreciated by doctors and nurses. The



following officers were elected for the ensuing year: president, re-elected, Miss Shipman; vice-presidents, Misses Smith and Waterman; recording secretary, Miss Kenny; corresponding secretary, A. Reany; treasurer, Miss Ferris; the chairmen of committees are: Educational, Miss Scott; Registry, Miss Richards; Social, Mrs. Zimmer.

THE BROOKLYN MEMORIAL HOSPITAL is closed, pending the completion of a new building. The dispensary will be kept open.

**Albany.**—THE HOMŒOPATHIC HOSPITAL opened its new building on April 27. It is a beautiful, commodious, and sanitary structure, well equipped for its work. An open space on each side gives light and air, and grounds to the rear give a place for out-door life for the patients, 87 of whom can be accommodated. There is a nurses' home near by. One of the new features described in the hospital's equipment is a refrigerating plant which is run by an electric motor and will do the work of two and a half tons of ice daily, but without the use of ice. Excellent systems of heating and ventilation are installed, and in connection with the surgical service are all manner of sterilizers and disinfectors. The superintendent is Mary J. Taylor.

**Syracuse.**—THE HOSPITAL OF THE GOOD SHEPHERD held its graduating exercises at Freeman Hall on May 6. Addresses were given by Dr. Frank L. Harter and Charlotte A. Aikens. Following the exercises a reception was given by the Woman's Auxiliary and the Alumnae Association. On May 8, Dr. and Mrs. W. L. Wallace entertained the class. The graduates are Mrs. Blackman and the Misses Weaver, Williamson, Lange, MacDowell, Redmond, Belknap, Hernandez, Vanderbilt, Davis, Turner, Terry, Van Deusen, Rogers, Mansfield, Miller.

The following nurses from the Willard State Hospital received certificates for a special course in obstetrics: Mrs. Mahoney, and the Misses Pearce, Reardon, Reidy, Carroll, Franklin.

THE ALUMNAE ASSOCIATION gave its annual ball for the benefit of the endowment of the alumnae room in the hospital on April 23 at Empire Hall. The financial committee which had charge of the arrangements reported that the proceeds will start the second thousand dollars of the fund. Ella Sunderlin, class of 1905, has been appointed superintendent of the Fulton City Hospital.

**Rochester.**—A RED CROSS MEETING held under the auspices of the Monroe County Registered Nurses' Association and the alumnae associations of the City and the Homœopathic Hospitals was held on April 27 in the ball room of the new Hotel Seneca. The speakers were Jane A. Delano, R.N., secretary of the New York Enrollment Committee; Mrs. Harvey D. Burrill, R.N., president of the New York State Nurses' Association; Rev. Dr. Rob Roy Converse, Mary E. May, R.N., and Marie T. Phelan, R.N. Miss Palmer presided. There was an attendance of between two and three hundred nurses.

THE ROCHESTER CITY HOSPITAL graduated a class of nineteen on May 11. On May 10 a luncheon was given by the alumnae association to the class, to which all graduates of the school were invited, whether alumnae members or not. A number of married members and others came from a distance. Seventy-eight sat down to the luncheon. Elizabeth C. Sanford presided.

#### NEW JERSEY

THE NEW JERSEY STATE NURSES' ASSOCIATION held its annual meeting on May 4 in the Free Public Library, Newark. After the presentation of reports, the amendments to the by-laws were taken up and an article inserted admitting

county, district, and alumnae associations to membership. A plan of division of the state was submitted and approved and the matter of appointing charter chairmen left in the hands of the executive board. The following officers were elected: president, Bertha J. Gardner; vice-presidents, Margaret Hickey, Rose Schmoker; secretary, Elizabeth Higbid, 341 Graham Avenue, Paterson; treasurer, M. B. Bamber. Miss Gardner and Miss Squire were appointed to represent the association at the meeting of the State Federation of Women's Clubs.

**Orange.**—A TUBERCULOSIS EXHIBIT was held from April 24 to May 3. Attractive speakers were secured for every day, and nurses' day, on April 27, was one of the most interesting. The leaders of the afternoon were E. T. Patterson, of the Vanderbilt Clinic, and Genevieve Wilson, also of New York, speaking on "The Children's Classes"; while five-minute reports were given by six local societies. The attendance during the ten days passed the 13,000 mark, while 10,000 had been the most sanguine hope of the Antituberculosis League, under whose auspices the exhibit was conducted.

**West Orange.**—THE GUILD OF ST. BARNABAS held a memorial service in St. Mark's Church on May 21 for three active members who have recently died: Mrs. Corinne Heyward Williamson, Mrs. M. G. Perrine Condit, and Miss S. E. Bird.

**Paterson.**—THE PATERSON GENERAL HOSPITAL has received a generous gift in the form of \$40,000 presented to it by Mr. Peter Quackenbush for the purpose of erecting a nurses' home on land given the hospital by his late wife.

**Montclair.**—THE HEALTH BOARD has ordered that all bread sold must be delivered in sealed aseptic bags.

#### PENNSYLVANIA

**Philadelphia.**—THE ALICE FISHER ALUMNÆ of the Philadelphia General Hospital held its sixteenth annual meeting on Easter Monday, at the nurses' home, Blockley. The meeting was called to order by the president, Miss Molloy, who spoke of the work of the past year and announced that in January, 1910, the training school would celebrate the twenty-fifth anniversary of the founding of the school and invited suggestions for a grand celebration and reunion of all the graduates of the school. The secretary's and treasurer's reports were read and were very encouraging. The following officers were elected: president, Mollie Molloy; vice-presidents, L. Guenther and E. J. Quintin; secretary, M. L. Van Thuyne; treasurer, Mrs. M. P. Warmuth; Executive Committee, M. Lewis, M. Lafferty, and L. W. Allen. The social feature was a reunion. Miss K. Kerwan, Miss J. Jones, and Miss Lewis, of the first class, were present, and it was a great pleasure to meet so many of the older nurses. Twelve subscriptions to the JOURNAL were secured. Miss Van Thuyne was elected delegate to the annual convention. Refreshments were served.

THE ROOSEVELT HOSPITAL held its first annual commencement on the evening of March 13 at the Episcopal Church of the Advent. The graduates were the Misses Graybill and Landers. Addresses were made by Rev. Edward M. Frank and Dr. Henry Beattes. After the awarding of diplomas and the presentation of pins, a reception was given at the hospital.

THE ALUMNÆ ASSOCIATION OF THE TRAINING SCHOOL FOR NURSES OF THE PRESBYTERIAN HOSPITAL, had the pleasure of having Miss Boardman, of Washington, at their April meeting, who gave an intensely interesting address on Red Cross work. The same month a reception was given to the May graduating class.

**Pittsburg.**—THE MERCY HOSPITAL ALUMNÆ ASSOCIATION held its second annual meeting at the hospital on April 29. The meeting was well attended in spite of the inclemency of the weather, several out-of-town members being present. Officers were elected as follows: president, Nora O'Neill; vice-president, Kate Hahessey; secretary, Rose Marie Murrin; treasurer, Tresa Vogl. After the meeting a luncheon was served in the nurses' home. The next meeting will be held on June 24.

## DISTRICT OF COLUMBIA

THE NURSES' EXAMINATION held on May 3 and 4 consisted of the following questions:

*Anatomy, Physiology, and Hygiene.*—1. What four (4) distinct tissues are found in the body? 2. Name the bones of the pelvis. What organs do they enclose? 3. What are the lymphatics? Into what two (2) vessels do they terminate? What becomes of their contents? 4. What is respiration? Describe in detail. 5. In what two ways do the products of digestion reach the blood? 6. What two sets of glands are connected with the skin? What does each secrete? What is the function? 7. Name the special senses and seat of each. 8. Describe an ideal sick room from a hygienic standpoint. 9. What is the best system of ventilation? Why is a thermometer important? In what part of the room should it be placed? 10. Of what gases is atmospheric air composed and in what proportions approximately? What effect has respiration upon the air?

*Materia Medica.*—1. Define anesthetics, astringents, diuretics, stimulants, tonics, hypnotics, narcotics, deodorants, emetics, and escharotics. 2. Where is ichthyol obtained? Give uses. 3. Give antidote and treatment for carbolic acid poisoning. 4. From what is quinine obtained and in what diseases is it a specific? 5. Give the doses of the following: strychnine sulphate, atropine sulphate, nitroglycerine, liquor potassii arsenitis, and chloral hydrate.

*Dietetics.*—1. Name the different classes of foodstuffs and give an example of each. 2. What are the chief ingredients in fruits? 3. Describe the action of the gastric juice on food. 4. State the length of time required to cook properly the following cereals: rolled oats, rice, and cornmeal mush. 5. Give the two complete food products furnished by the animal kingdom.

*Surgery and Contagious Diseases.*—1. (a) What are the four symptoms of inflammation? (b) What is a circumscribed collection of pus called? 2. What is the use of aseptic surgery? Of antiseptic? 3. (a) Tell the process of the healing of wounds. (b) What is a contusion and what becomes of it? 4. What is Fowler's position and why is it used? 5. What is the difference between a fracture and a dislocation? 6. Tell how to prepare the skin for an incision. 7. (a) Define sporadic, endemic, epidemic. (b) How would you use a culture tube on a case of suspected diphtheria? 8. Give the history of a moderately severe case of scarlet fever progressing to recovery. 9. What can a nurse do in a case of laryngeal diphtheria, with suffocation, until arrival of physician? 10. How would you treat bed and body clothing in scarlet fever or diphtheria? How would you disinfect a room the cubic contents of which is 1000 cubic feet?

*Obstetrics and Gynecology.*—1. When in charge of an obstetrical patient at what stage do you consider it necessary to practice strict asepsis and antiseptics? 2. Mention some of the symptoms of the approach of labor. 3. Give the nursing care of mother for a few hours after termination of third stage of labor. 4. What organ is generally conceded to be the weak spot and requires particular watching

during pregnancy? 5. How would you care for the umbilicus from delivery of child till falling off of cord? 6. (a) During the first week how long would you allow an infant to remain at the breast for each feeding? (b) What interval would you allow between each feeding? 7. How would you care for an infant's breasts that had become enlarged? 8. How would you give a bladder irrigation? 9. What are the symptoms of puerperal septicemia? 10. (a) What temperature would you give a vaginal douche to control hemorrhage? (b) Mention three other methods you could employ to control uterine hemorrhage while awaiting the arrival of physician.

*Medical Nursing and Emergencies.*—1. Mention several things that may be done for retention of urine beside catheterization. 2. What is the danger in catheterizing a distended bladder? How may this be avoided? 3. Outline the nursing care in a case of renal colic. 4. Describe the care of pneumonia case when the fresh air treatment is used. 5. Mention several simple remedies that may be used for child with spasmodic croup. 6. How should clothing, utensils, and excreta be disinfected in fever cases? 7. Give nursing measures used for foreign bodies in the eye, throat, and ear. 8. What nursing measure may be used for child in convulsions? 9. Give nursing measure for the relief of impacted bowels. 10. Mention several nursing measures that may be used for insomnia.

#### ORAL EXAMINATION

1. (a) In putting on an *under* sheet what points are to be observed for the comfort of the patient and appearance of the bed? (b) In putting on an upper sheet? 2. How would you make an ether bed? 3. How would you make a bed for a patient with involuntary dejections? 4. (a) What is needed for a simple enema? (b) How would you prepare and place the patient? (c) What temperature should the water be? 5. (a) What is the best way to give a nutritive enema? (b) What temperature should it be? (c) What quantity? 6. How would you give normal salt solution by rectum for stimulation? Temperature, quantity, length of time in giving, way of giving, and how to prepare solution? 7. Tell how to make and apply a mustard plaster to the abdomen. 8. Tell what appliances you would need for catheterizing a female and how you would do it in detail, step by step. 9. How would you prepare and give a hypodermic? Tell entire process. 10. Tell how you would arrange a patient for a bath to reduce temperature. How would you give such a bath? 11. In making a quart of 1:20 carbolic solution (5 per cent.) how much carbolic and how much water would you use? 12. Tell the approximate equivalent of the following in the metric system: 2 pints,  $15\frac{1}{2}$  grains, 3i. 13. Give temperature of a cold bath; cool, tepid, warm, hot. 14. How is a hot air bath given? How is patient and bed prepared, etc.? How long do you keep him in? 15. What can a nurse do to prevent bed-sores? 16. How would you apply leeches? 17. How would you give by hypodermic gr.  $\frac{1}{6}$  of morph. sulph. if you had only gr.  $\frac{1}{4}$  in the house? 18. How would you give gr.  $\frac{1}{100}$  of nitroglycerine, if you had tablets of gr.  $\frac{2}{100}$ ? 19. (a) How would you prepare and apply a *large* hot fomentation? (b) How would you prepare and apply a small one, say to the eye, or to a hemorrhoid? 20. How would you drape a patient for vaginal examination? What position?

**Washington.**—VASHTI BARTLETT, a Johns Hopkins graduate, who spent several months in Labrador with Dr. Grenfell, has become assistant superintendent of Garfield Memorial Hospital.

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## MARYLAND

**Baltimore.**—ETHEL HOLMES and Frances Butler, graduates of Johns Hopkins Training School, have opened a private home for the nursing care of convalescents at Pass Christian, Mississippi, on the Gulf of Mexico. The house has large grounds and is near the water's edge. Christina Dick, for several years in charge of the Baltimore Eye and Ear Hospital, resigned her position March 1. Amy MacMahon has resigned from the staff of the Instructive Visiting Nurse Association. Mary Bartlett Dixon has been appointed a member of the Woman's Board of Police Matrons of Baltimore, representing the Maryland State Association of Nurses. Miss Dixon is chairman of a committee to procure the appointment of a woman physician to examine, when necessary, girls under sixteen years old who are brought to the station house. Last year, 61 girls under 16 years were found to have been maltreated by men. Nora Holman has resigned her work as visiting nurse in Newark, New Jersey, expecting to devote a year to further study. Annie McDaniel has been appointed school nurse for Atlanta, Georgia. This is new work, and the Atlanta Board of Education has sent Miss McDaniel and the doctor in charge of the schools to New York, Boston, and Baltimore to study the methods of school inspection. Lassine Lassen resigned her position as assistant superintendent of the Garfield Memorial Hospital, Washington, D. C., and on March 15 became superintendent of nurses at the Maryland State Sanatorium for Tuberculosis, Sabillasville. Miss Mowe-French has been made head nurse of the Infirmary of the Sanatorium. Miss Sparrow has taken charge of the Franklin City Hospital, Franklin, Pa., a hospital staffed entirely by graduate nurses. Martha Ellison is her assistant. Charlotte Miller is employed as tuberculosis nurse in the public schools of Pittsburg, Pa., following Miss Stark who has resigned. Miss Stark's paper, read at the Tuberculosis Congress last fall, will be remembered by readers of the JOURNAL.

THE UNIVERSITY OF MARYLAND TRAINING SCHOOL held graduating exercises for the class of 1909 at the University on May 5. There was a large attendance. The address was given by Dr. Arthur Shipley and was much appreciated. The following received diplomas: Misses Dukes, Green, L. Chapline, Pue, Tull, Wham, E. Chapline, Hall, Getzendamer, Ely, Squires, Tews, Robey, Almond, Carter, Saulsbury, Wright. Nettie Flanagan, former superintendent of nurses, has accepted the position as superintendent of St. Luke's Hospital, Spokane, Washington, entering upon her new duties June 1. She carries with her the best wishes of her former associates. Augusta Russell, graduate of the University of Maryland Training School, has resigned her position in charge of the State Sanatorium for Tuberculosis, Sabillasville. Ruth Kuhn, formerly superintendent of nurses, Coast Line Hospital, Waycross, Georgia, has resigned her position. Miss S. S. Ravenel has been appointed visiting nurse by the Aiken, South Carolina, County Antituberculosis League.

SARA WARD, graduate of the Church Home and Infirmary, has taken charge of the baby's ward at the Nursery and Child's Hospital. Hassie Strain recently resigned her position as superintendent of the Huntington Hospital, Huntington, West Virginia. Margaret Judge, recently nursing in the Colon Hospital, Panama, has finished her term of service and returned home. Lillian Oeligrath is employed as nurse by the Maryland State Association for the Prevention of Tuberculosis. Rose Keating has been appointed resident nurse at the State University of Mississippi. Mary Tracy has been made head nurse at the Montana State Insane



Asylum. Margaret Murray, late of the Panama Canal Service, has enlisted for three years in the naval service and is at present on the Pacific Coast.

MARY CAMPBELL, graduate of the Homeopathic Hospital, Buffalo, and for two years superintendent of nurses at the Maryland Homeopathic Hospital, Baltimore, has resigned. She is succeeded by Amy Armour, from Toronto, Canada.

SARA E. PARSONS, former superintendent of nurses at the Shepherd and Enoch Pratt Hospital, is taking the course in hospital administration at the Massachusetts General Hospital. She is succeeded by Miss McCabe, a Johns Hopkins graduate.

#### VIRGINIA

THE GRADUATE NURSES' EXAMINING BOARD OF VIRGINIA will begin its next examination for state registration in Richmond on June 23, 1909. All applications should be filed with the secretary *before* June 9. Applicants whose applications are on file will be notified as to time and place.

L. DE L. HANGER, Secretary,  
409 Waverley Boulevard, Portsmouth.

THE GRADUATE NURSES' ASSOCIATION OF VIRGINIA held its ninth annual meeting in Norfolk, on June 15-16-17. The sessions, papers, and discussions will be, by request, devoted to the work and problems of the private nurse. Mary Cloud Bean of the Johns Hopkins Alumnae is to read a paper on "The Private Duty Nurse and her Patient in the Question of Fees." Two papers, which were last year asked for, for this year's meeting, are "The Private Nurse on Duty in the Hospital;" one to be written from the standpoint of the superintendent and one from the point of view of the nurse. These papers will probably create lively discussion. The date of the state meeting was arranged with a view to having a report from the delegate to the national convention in Minneapolis, so as to give the meeting added interest and rouse the nurses present to the topics and discussions handled by the Associated Alumnae.

THE GRADUATE NURSES' EXAMINING BOARD OF VIRGINIA held the annual meeting in February at the Nurses' Settlement, 108 North Seventh Street, Richmond. The president, Miss Cabaniss, presided, all members being present, Miss Morris, Miss Johnson, Miss Laird, Mrs. Hanger. In June, 1908, forty nurses applied for registration by examination; of this number four failed. In December, forty-two applied, including those who failed in the previous examinations. All December applicants successfully passed the examinations and were granted Virginia certificates of registration. Miss Cabaniss will visit the hospitals throughout the state during the year; this plan is thought superior to the one previously adopted when each member has visited the schools in her vicinity. By repeated visits it is hoped to keep in touch with the superintendents and the methods employed by all schools. A reference library is being purchased for the use of the Board and all recognized text-books will be added as they appear. The hospitals have again complied with the request of the Board to furnish a list of accepted and rejected probationers, discharged pupils, and all graduates. An effort is made to keep a list of all such, as there are yet a few who will attempt to pass as graduate nurses who have no right to the title R.N. All known violations have so far been discontinued without invoking the power of the



courts. This is felt to be due to the tact and keen judgment of the president, Miss Cabaniss. The Nurses' Registries were requested to furnish the Board with a list of nurses on their books, and judging from the reports of those who kindly complied, few strictly adhere to the rule of registering those who have state certificates of registration or who have been granted a permit. It is hoped to be able to persuade them to adopt this rule especially when they use the title "Registry for Registered Nurses." The Board has received courteous co-operation and help from the majority of nurses and judging from the encouraging letters received from other states the examiners may say that they are slowly progressing toward the purpose for which registration was adopted. The following officers were elected for the coming year: Miss S. H. Cabaniss, president; Mrs. Hanger, secretary and treasurer.

LEAH DE LANCEY HANGER, Secretary.

**Bon Air.**—ELISABETH R. P. COCKE, corresponding secretary of the state association has been quite ill at her home for many weeks past with a severe attack of rheumatism.

#### WEST VIRGINIA

**Huntington.**—THE STATE BOARD FOR EXAMINATION AND REGISTRATION OF Nurses will meet at Huntington, at the Carnegie Building, June 16, at 9 A.M.

GEO. LOUNSBURY, Secretary.

THE CABELL COUNTY GRADUATE NURSES' SOCIETY met with Gertrude Hamilton on May 3. Many nurses who anticipated going were prevented by a heavy rain at the time of meeting, so the attendance was small. No officers were present and no business transacted. Those present enjoyed a pleasant social hour. Light refreshments were served by the hostess.

**Charleston.**—THE WEST VIRGINIA HOSPITAL AND TRAINING SCHOOL ASSOCIATION met at Hotel Ruffner on May 20. A number of interesting subjects were discussed. Reports were given by the committee on by-laws and constitution, and on curriculum. The latter proposed that the time be extended for preparing and adopting a curriculum till the July meeting, in order that they might get in touch with training schools other than those represented at this meeting. The report was accepted and the time extended. Papers prepared for this meeting were held over from lack of time—time being taken up by business and other discussions; a good program is being prepared for the next meeting. Good work has already been done by this organization, and it is to be hoped that every hospital and training school in the state may send a representative to the next meeting which will be held in Huntington, the third Tuesday in July. It is intended that this association shall be to the hospitals and training schools of the state what the National Hospital Association is to those of the nation.

#### KENTUCKY

**Louisville.**—THE JOHN N. NORTON INFIRMARY held its commencement exercises on the evening of April 23 at the Woman's Club with the following program: prayer, Bishop Woodcock; address, "My Ideal Nurse," Rev. Dr. Hawes; address, "The Duty of the Public to the Nurse, and the Duty of the Nurse to the Public," Dr. John G. Cecil; presentation of diplomas, Bishop Woodcock; presentation of pins, Mr. McCullogh; presentation of Dr. Tuley's prize for highest average in obstetrics, Bishop Woodcock. Members of the graduating class are the Misses Wright, Sisco, Russell, Hughes, Moore, Kreutler, Randal, Drane. Music and dancing followed the exercises.

**THE NORTON INFIRMARY ALUMNÆ ASSOCIATION** devoted its April meeting to a study of woman suffrage and school suffrage for women. Kentucky women asked for the latter at the last legislature and will ask again next January. The association was most fortunate in having Miss Penfield, of Texas, delegate of the National Woman's Suffrage Association, to explain this important subject. She handled it with such skill and spoke in such simple, convincing terms, that all present were in favor.

#### MISSISSIPPI

**Columbus.**—MISS BANZHOF, a graduate of the Philadelphia Hospital, and Grace Anderson, a graduate of the University of Maryland Hospital, who have recently resigned positions at the Ellis Hospital, Schenectady, N. Y., have together taken charge of the Industrial College and Institute.

#### OHIO

**Akron.**—THE CITY HOSPITAL OF AKRON TRAINING SCHOOL FOR NURSES held its commencement exercises on the evening of May 17 at the First Presbyterian Church. Addresses were made by Drs. S. N. Watson and H. H. Jacobs. The graduates were the Misses Osterstock, Schell, Kalber, Hardgrove, Pickton, Venner, Bostwick, Standish, Dumont.

THE CITY HOSPITAL OF AKRON NURSES' ALUMNÆ ASSOCIATION held its annual meeting at the nurses' home on April 26. The following officers were elected: president, Elizabeth Carrol; vice-president, Bessie Carter; secretary, Emma Donnenwirth; treasurer, Grace Leonard; Executive Committee, Helen McCrory, Marion Chalmers, Ida Donnenwirth. It was decided to give the annual dinner to the graduating class some time in June.

**Cincinnati.**—THE JEWISH HOSPITAL ALUMNÆ ASSOCIATION held its regular monthly meeting on May 7 in the Director's room of the hospital. Miss E. Mielziner, secretary, in the chair. The annual election resulted as follows: president, M. M. Roberts; vice-president, E. B. Ardill; recording secretary, E. M. Pierce; corresponding secretary, E. Mielziner; treasurer, I. Ardill. After the disposal of business, the acting president read another of a series of charming letters from the absent president. A tribute was paid to Mrs. Isen's devoted and untiring efforts on behalf of the association. Through the kindness of Mrs. Isen, the alumnae had the keen pleasure of hearing a paper, read by Dr. Morse of Chimney Rock, N. C., before the state medical association. This paper, "The Sanatorium Treatment of Tuberculosis," was read by Miss H. Rose. After the incoming president took the chair, the meeting adjourned until June 4, when the annual outing takes place.

#### MICHIGAN

**Saginaw.**—THE MICHIGAN STATE NURSES' ASSOCIATION held its fifth annual meeting on May 25, 26, and 27. The program shows that the first day was taken up with business, addresses of welcome and response, the address of the president, Miss Parker, and reports of committees, ending with a drill in parliamentary law. An informal reception was given in the evening. On May 26, papers were read on school nursing by J. Bessie Goodrich, Martha Aylesworth, and Bessie C. Abbott. The afternoon was occupied with visits to a manual training school, a school for the blind, and a trolley ride. In the evening an address was given by Lavinia L. Dock, R.N., and by Dr. F. W. Shumway, on "The Professional

Nurse and Her Relation to Public Health Service." The last day was occupied with business.

**Detroit.**—THE FARRAND TRAINING SCHOOL FOR NURSES, connected with Harper Hospital, held its annual commencement in the chapel of the First Presbyterian Church on April 27. A reception was given at the Swain Home on the following evening. The graduates were the Misses Clark, Brown, Harris, Bryden, Torr, Kennedy, MacKay, Brower, VanAllen, Anderson, Trezise, Howard, Nairn, Jeffs, Warren, Hoxsey.

#### ILLINOIS

THE ILLINOIS STATE ASSOCIATION held its quarterly meeting in Quincy on May 12 and 13. The committee chosen to raise funds for erecting a shack for the care of nurses having tuberculosis reports that the donations coming in are most encouraging.

**Chicago.**—THE ILLINOIS TRAINING SCHOOL FOR NURSES held its commencement exercises in the amphitheatre of Cook County Hospital on May 25. A reception followed at the nurses' home. The banquet given by the alumnae association to the graduating class took place at the auditorium on the evening of May 26. Gladys McCune, class of 1908, is acting as assistant superintendent of nurses at the Milwaukee County Hospital, Wauwatosa.

THE AUGUSTANA HOSPITAL TRAINING SCHOOL FOR NURSES held graduating exercises for the class of 1909 at Trinity Lutheran Church on the evening of May 19. The graduates were the Misses Bergman, Boman, Ermey, Field, Gunderson, Gustafson, Holmberg, Hall, Johnson, Liljegren, Lindberg, Law, A. Munson, Magnuson, F. Munson, Odman, Proctor, Petersen, Ross, Rosengren, Renius, Rasmussen, Simonson, Selligren, Uldine, Wallberg, Weninger.

**Quincy.**—THE BLESSING HOSPITAL TRAINING SCHOOL held its fourteenth annual graduation on the evening of May 17 in the Unitarian Church. The address on "The Present and Future of Trained Nursing" was given by Dr. John M. Dodson, of Chicago. The graduates were the Misses Stewart, Gordon, Mayo, and Stone.

#### INDIANA

THE INDIANA STATE NURSES' ASSOCIATION met in its sixth semi-annual session April 21 and 22 in the auditorium of the public library at Marion, Ind. The meeting was called to order by the president, Miss M. B. Sollers, R.N., and Rev. Mr. Rowan invoked a blessing upon the work. Dr. Fankboner gave a most cordial welcome and Mrs. Edgerly responded in behalf of the association. The president in her address reviewed the work done since organization and showed what registration and the examining board had done. She also paid a loving tribute to the first president Mrs. E. G. Fournier who has recently gone to Canada to a new field of labor. Delegates from the affiliated societies gave interesting reports showing growth in interest and numbers. Three new societies have been organized since the last meeting and will soon affiliate with the state association. Fourteen new members were received at the present meeting. The papers prepared by nurses upon "State Registration," "History of Nursing," and "Ethics in Nursing" were very interesting and instructive. Dr. W. A. Fankboner and Dr. C. O. Bechtol, of Marion, gave some very helpful talks and aroused lively discussions, especially when the subject of over-trained nurses was mentioned. The executive council elected Miss M. D. Currie as delegate to the Associated Alumnae. On the first evening a banquet was given by the Grant

County Medical Society at the Presbyterian Church parlors, and the next day the Marion Drug Association gave the members a trolley ride to the National Military Home, where they were entertained in the Assembly Hall with a concert by the military band, and then shown over and through the grounds and buildings of this beautiful little city given by our government to the valiant defenders of our country. This is the first meeting of nurses in Marion and as the local association has but eleven members they are to be praised and congratulated upon the great success of their first effort in caring for the state association. Those who attended know it was good to be there.

MAE D. CURRIE, R.N., Secretary.

#### MISSOURI

THE BILL for state registration of nurses which was signed by the governor on May 5 reads as follows:

AN ACT to provide for the examination, regulation, and registration of nurses, and providing for the appointment of a board of examiners to examine applicants for registration of nurses, and to provide for the punishment of offenders against this Act.

SECTION 1. Upon the taking effect of this Act, the governor shall appoint a Board of Examination and Registration of Nurses to consist of five members. The majority of such appointees shall be chosen from those actually engaged in nursing and who have graduated from reputable training schools, giving not less than two years' course of training, who have had at least five years' experience in nursing and caring for the sick and afflicted, including one year's teaching in a training school for nurses. The members of the Board herein created shall be appointed as follows: One shall be appointed to hold office for one year, two for two years and two for three years, beginning on the first day of December, the present year, and until their successors are appointed, and thereafter the governor shall appoint, on or before the first day of November of each year, persons qualified as aforesaid in each class, to hold office for three years, from the first day of December next ensuing. Each member of said Board shall hold office until a successor is duly appointed. Vacancies upon said Board caused by death, resignation, or expiration from any cause, of the term of any member thereof, shall be filled by appointment from the same class of persons to which the deceased or retiring member belonged, and a person appointed to fill a vacancy shall hold office during the unexpired term of the member whose office is thus filled. The governor may remove any member of the Board for cause, or the continued neglect of duties required by this Act. The members of said Board shall, before entering on the discharge of their duties make and file with the Secretary of State the constitutional oath of office, and it shall have power to hear testimony in all matters relating to the duties imposed upon it by law. The members of said Board shall meet on the second Wednesday of December nineteen hundred nine, at Jefferson City, and shall elect a president and a secretary, who shall also act as treasurer, from their number, each of whom shall hold his or her respective office for one year, and the president shall have power to administer oaths. The Board shall make rules and regulations, not inconsistent with this Act and the general law, to govern its proceedings, and also adopt its seal, and the secretary shall have the care and custody thereof; and the secretary shall keep a record of all proceedings of the Board including a register of the names of all nurses registered under this Act which shall be open at all reasonable

times to public inspection. The treasurer, before entering upon the discharge of his or her duties, shall give bond in the sum of one thousand dollars (\$1000), with a surety or sureties, to be approved by the Board. Said Board shall hold one regular meeting in each year, and such additional meetings at such time and places as it may determine. Notice of such meetings shall be published in two newspapers of general circulation through the state and in one nurses' journal at least thirty days previous to such meeting. A majority of the Board shall constitute a quorum for the transaction of business. Said Board shall make an annual report of its proceedings to the governor, on or before the thirty-first day of December of each year.

SEC. 2. Every applicant for registration as a registered nurse must be at least twenty-one years of age, of good moral character and a resident or graduate nurse of this state, except as hereinafter provided. Every applicant in addition to furnishing satisfactory proof of his or her compliance with the above qualifications must also have acquired a general education substantially equivalent to that obtained by the completion of a common or grammar school course of study.

SEC. 3. On and after the first Wednesday of December, nineteen hundred nine, all persons engaged in the practice of professional nursing, and all who may wish to begin the same in this state as a registered nurse under the provisions of this law, except as hereinafter provided, shall make application to said Board to be registered to practice professional nursing and caring for the sick and afflicted. This registration shall be granted to such applicants who possess the qualifications required by Section 2 of this article, and who shall comply with at least one of the following conditions: 1st. Any applicant shall be registered to practice nursing without examination who shall present a diploma issued before December first, nineteen hundred and twelve by a training school connected with a general hospital where a two or more years' course of training is required with systematic instruction in the hospital or from one or more general hospitals of good standing supplying a systematic training corresponding to the above standard. 2nd. Any applicant shall be registered to practice nursing without examination who, prior to eighteen hundred and ninety-five received one year's training in a general hospital, sanitarium or special hospital under conditions satisfactory to the Board of Examination and Registration of Nurses, and who is actually engaged in professional nursing at the date of the passage of this Act, or who has been engaged in professional nursing for five years prior to the passage of this Act: Provided, such application shall be made under oath before December thirty-first, nineteen hundred and eleven. 3rd. After nineteen hundred twelve the applicant shall be registered to practice nursing, if he or she shall have a diploma from a training school connected with a hospital requiring a course of two or more years of training with systematic instructions in a general hospital, sanitarium or special hospital, or from one or more hospitals in good standing supplying a systematic training equivalent to the foregoing, and upon passing such an examination before the Board as may be deemed necessary to determine his or her fitness and ability to give efficient care to the sick. 4th. Any applicant shall be registered to practice nursing who shall present a certified copy or certificate of registration from another state of the union where the requirements for the registration shall be deemed by said Board to be equivalent to those of this Act.

SEC. 4. Every applicant for registration under this Act shall pay a fee of

five dollars (\$5.00) upon filing his or her application. Upon the issuance of a certificate to practice nursing, each nurse, if a resident of this state, shall cause a copy thereof to be filed with the county clerk of the county in which said applicant resides, and if in the city of St. Louis, with the recorder of deeds with an affidavit of his or her identity as the person to whom the same was issued and his or her place of residence at the time of examination and registration. If the applicant be a non-resident of this state then such certificate and affidavit shall be filed with the county clerk of the county in which is located the training school which issued his or her diploma and with the recorder of deeds of the city of St. Louis if such training school is in the city of St. Louis.

SEC. 5. It shall be the duty of the secretary of said Board to file with the Secretary of State, at least once each year, a list of all certificates issued by said Board, with the names and residences of the persons to whom such certificates have been issued.

SEC. 6. All fees received by the state Board for the examination and registration of nurses shall be paid to the treasurer of the Board, who shall issue receipts therefor, and shall be paid by said treasurer quarterly into the state treasury, and shall be credited to a fund which is hereby appropriated for the use of said state Board for the examination and registration of nurses. The compensation of the members of said Board shall be at the rate of five dollars (\$5.00) for each day actually engaged in attending meetings of said Board. The secretary may receive extra compensation according to services rendered, the sum, however, not to exceed three hundred dollars (\$300.00) a year. Such compensation and expenses of members and officers of said Board, and all expenses proper and necessary in the opinion of said Board to the discharge of its duties under and to enforce this Act, shall be paid out of such fund, upon the warrant of the auditor of the state issued upon a requisition, signed by the president and attested by the secretary of said Board under the seal of said Board: Provided that no expense of this Board shall ever be paid out of any other fund of the state either by deficiency bill or otherwise.

SEC. 7. Any person who shall have complied with the provisions of this Act and received a certificate to practice nursing shall be styled and known as a "registered nurse," and be entitled to append the letters "R.N." to his or her name.

SEC. 8. Any person who shall practice professional nursing as a "registered nurse" without first complying with the provisions of this Act shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than fifty dollars nor more than five hundred dollars for each offense and the Board shall proceed against all such persons. Prosecutions under this Act shall be begun and carried on in the same manner as other prosecutions for misdemeanor in this state.

SEC. 9. When any person shall append the letters "R.N." or shall use any other letters, figures or signs to indicate that he or she is a registered nurse, it shall be prima facie evidence of practicing professional nursing as a registered nurse within the meaning of this Act.

SEC. 10. This Act shall not apply to the gratuitous nursing of the sick by friends or by members of the family, nor by any person nursing for hire, but who shall not in any way assume to be a registered nurse.

SEC. 11. Said Board shall have the power to revoke for sufficient cause any



certificate, issued by said Board; provided, that such revocation shall only be made upon specific charges, made in writing and under oath, and filed with the secretary, and by a majority vote of the whole Board, a certified copy of such charges and thirty days' notice of the hearing of the same having been personally served upon the holder of such certificate. Said Board shall be authorized to furnish a list of the names and addresses of those whose certificates have been revoked to the board of examiners of other states upon the written request of such board.

#### TEXAS

**Houston.**—THE GRADUATE NURSES' ASSOCIATION OF HOUSTON was organized two years ago, and now has thirty-five members. It has a constitution and by-laws and has made application for a state charter. Meetings are held the first Tuesday afternoon of each month in the parlors of the First Baptist Church. A registry is conducted, for members only, which is a great improvement over the former way of registering at a drug store. The association also prints clinical charts which are sold at a reasonable price to its members, making a little profit for the treasury. Such good work has been done in the past that the members are confident of success in the future. The annual meeting was held on May 4. Jennie Pickens and R. Johnson were elected as delegates and Ida Rudisill and M. Yollond as alternates to the annual state meeting held in Temple, May 5 and 6.

#### NEBRASKA

**Lincoln.**—THE DR. BENJAMIN F. BAILEY SANATORIUM held its sixth annual commencement at the Methodist Church on the evening of May 14. A reception followed at Green Gables. The graduates were the Misses Hall, Ross, Thierof, and Hayes, and Messrs. Martin, Mulliken, Ousdal.

#### UTAH

**Salt Lake City.**—THE DR. W. H. GROVES LATTER DAY SAINTS HOSPITAL held commencement exercises in Whitney Hall on the evening of April 29. The graduates were the Misses Rogers, Dyruff, Nelson, Maiben, Proctor, Walker, Ingersoll, Garn, Franklin, Osborn, Bachman, Jensen, Douglass.

#### WASHINGTON

THE WASHINGTON STATE GRADUATE NURSES' ASSOCIATION will meet at Seattle, June 16 and 17. June 16 has been set aside by the Exposition officials as Washington State Graduate Nurses' Day. At 10 A.M. delegates and visitors will be received and registered at the Woman's Building on the Exposition grounds. The first session will be held in the lecture hall of the Fine Arts Building, after which a luncheon will be served. The afternoon will be spent in showing the visiting nurses about the Exposition. On June 17, the sessions will be held in the club-house of the Seattle Federation of Women's Clubs, corner of Harvard Avenue and Thomas Street, at 9 A.M. and 1.30 P.M. At 8.30 P.M. a reception and banquet will be held at the Stockade Club, Alki Point. Hotel Butler Annex, Fourth and Marion Streets, has been chosen as headquarters for the nurses, this being the only hotel making reservations. The rates will be \$3.00 a day for each person, American plan, or \$1.50 per day each, European plan. Nurses may register at this hotel whether or not they are guests, and the parlors will be given over to them for their exclusive use on June 16 and 17.

Jean Simpson, a member of the King County Graduate Nurses' Association, Seattle, will on May 1 open her home for transient guests. Those wishing to reserve accommodations should address her at 625 Summit Avenue, North.

LAURA MACMILLAN, Secretary.

**Seattle.**—THE KING COUNTY GRADUATE NURSES' ASSOCIATION held a regular meeting on May 5, at which Dr. Chessman gave a lecture on obstetrics. Josie Brown was elected second delegate to the Associated Alumnae. Eight new members were admitted. Reports were read from the Seattle Federation of Women's Clubs, from the Executive Committee, and the registrar. Delegates were appointed to the State Federation of Women's Clubs, for 1909 and 1910. Mrs. Bessie Davis has been appointed visiting and instructive nurse for the Antituberculosis League. The public schools are to have a model school at the Exposition, where Mrs. Edith M. Hickey is to give demonstrations of the work of the school nurse every Tuesday afternoon, from 4 to 5, for six weeks, commencing July 7.

THE NURSES' EXAMINING BOARD, appointed by Governor Hay on April 24, has the following members: Mary Keating, Spokane; A. H. Waymire, Pullman; Marguerite Campbell, Tacoma; Mrs. Mary Hawley, Seattle; Cora Smith, Anacosta.

#### CALIFORNIA

**San Francisco.**—ELIZABETH SCOTT, recently night superintendent in the Johns Hopkins Hospital, took charge on February 1 of the nurses of Lane Hospital, Cooper Institute.

#### CANADA

**London.**—THE VICTORIA HOSPITAL held its graduating exercises in the hospital on the afternoon of May 19. The members of the class are the Misses Phillips, Rennie, Haskin, Partridge, Gilmore, Barter, Sutherland, MacIntyre, Seely, Wilson, Loveless, Butt, Large, Birchard, Macauley, Reynolds, Johnston.

#### PORTO RICO

**San Juan.**—EDITH J. WHITELEY, who has been in charge of the nursing at the Presbyterian Hospital for several years, is planning to return to this country in the fall and hopes another year to take the post-graduate executive course at the Fordham Hospital, New York, in connection with Bellevue and Allied Hospitals.

#### BIRTHS

At Chicago, March 30, a son to Dr. and Mrs. Tieken. Mrs. Tieken is a graduate of the Illinois Training School.

At Brooklyn, N. Y., on February 15, a son to Mr. and Mrs. John Long. Mrs. Long was Clara Warburton, class of 1904, Long Island College Hospital, Brooklyn.

At Morrisburg, Canada, on January 5, a son to Mr. and Mrs. John Gormley. Mrs. Gormley was Ada LaFlarmul, class of 1896, Long Island College Hospital, Brooklyn.

At White Plains, a daughter to Mr. and Mrs. Charles Wheeler. Mrs. Wheeler was Miss Francher, class of 1904, Methodist Episcopal Hospital, Brooklyn.

At New Bedford, Mass., in March, a son to Mr. and Mrs. Thomas B. Akin. Mrs. Akin was Miss Lewellyn Hathaway, class of 1901, St. Luke's Hospital Training School, New Bedford.

At Hector, N. Y., on April 20, a son to Mr. and Mrs. William Pratt. Mrs. Pratt was Sarah Frazer, graduate of the Massachusetts General Hospital and of the Boston Lying-in Hospital.

#### MARRIAGES

On April 8, at Shanghai, China, Elizabeth Sundahl, graduate of Wesley Hospital, Chicago, to Earl Nilsson.

On April 15, at Indianapolis, Grace Letts, class of 1907, Methodist Episcopal Hospital, Brooklyn, to Murray Henry Talbot.

On April 28, in Amesbury, Mass., Annie Cunningham, class of 1908, University of Maryland Hospital to William MacDonald.

On January 6, at Brooklyn, Fredricka Caroline Noll, class of 1903, Long Island College Hospital, to Alexander Merle Forman.

MARGARET HUME, class of 1897, Illinois Training School, to W. T. Moore, M.D. Dr. and Mrs. Moore will live in Highland Park, Ill.

On March 31, at Windsor, Ontario, Canada, Emma Alexandrina Riggs, class of 1900, Long Island College Hospital, to Henry John Gielow.

On January 7, Margaret Impens, class of 1904, Mercy Hospital, Grand Rapids, to Irving Anway. Mr. and Mrs. Anway are living in Grand Rapids.

On May 19, Anna W. Pearson, class of 1905, Worcester State Hospital, and class of 1908, Manhattan Eye, Ear, and Throat Hospital, to Frank E. Wood. Mr. and Mrs. Wood will live at Norway Lake, Maine.

On April 11, in the First Presbyterian Church, at Victoria, Texas, Lillian Mayfield Casey, class of 1902, Missouri Baptist Hospital, to Leon Edward Craig. Mr. and Mrs. Craig will live in Houston Heights. Mrs. Craig after graduation did private nursing in St. Louis for a time, and then served as operating room nurse for five years in Houston at the Ida Rudisill Sanatorium. Later she was superintendent of the Texas Christian Sanatorium at Houston Heights.

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#### DEATHS

On April 14, at Savannah, Georgia, Corinne Heyward, wife of William Williamson, and graduate of the Orange Training School, class of 1898. Her loss is deeply regretted by many sorrowing friends.

On April 16, at Orange, N. J., Sarah E. Bird, class of 1886, Orange Training School for Nurses. Miss Bird was a charter member of her alumnae association and chairman of the committee that formulated its constitution and by-laws. A pioneer in her profession, she early had visions of its possible attainments, and was always sympathetic and hearty in her support of every work attempted for its betterment.

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## PRACTICAL SUGGESTIONS



IF a piece of moist gauze is placed between an ice-cap and the area over which it is to be applied it will be found much more comfortable for the patient than the dry gauze usually used. M. E. T.

A VERY successful private duty nurse attributes much of her success to the habit of note-making. She always carries a note-book to her case and enters therein various peculiarities which she considers may be useful should she be called to that patient again. M. E. T.

THE Beers cupping apparatus, a small glass cup fitted at the base with a rubber tube about six inches in length and having at the end a bulb, is being used successfully in the treatment of abscesses. The cup is placed over the abscess for five minutes, removed for five minutes and then reapplied. This is done for about twenty or twenty-five minutes. M. E. T.

MARKED cases of otitis media, it is being noticed, are cured in a short time after the removal of adenoids; in one instance the cure was effected in one week. M. E. T.

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THE vapor of turpentine being a poison and affecting some persons who are sensitive to its effects unfavorably, it is well to be careful in regard to it. A very sensible precaution during the painting season for those to take who are compelled to endure the nuisance is to leave bowls of water in the freshly painted rooms. Some, at any rate, of the paint emanations are thus absorbed, as will be seen by the oily film on the surface of the water so exposed. An even more powerful absorbent is fresh milk which reduces the smell of paint in a room in a remarkable way. The poisonous effects of paint emanations do not appear to be connected in any way with the lead contained in the paint, the colic of painters being due to the actual contact of the person with the substance of the paint.—*The Lancet*.

## BOOK REVIEWS



IN CHARGE OF  
**M. E. CAMERON**

**HOW TO NURSE SICK CHILDREN.** By the late Charles West, M.D.,  
Founder of and Late Physician to the Hospital for Sick Children,  
Great Ormond Street. Price, 1 shilling. Longmans, Green & Co.,  
39 Paternoster Row, London, New York, Bombay, and Calcutta.

The Hospital for Sick Children in Great Ormond Street, London, was opened in the year 1852, two years before Florence Nightingale started for the Crimea. The present volume was written by the late Dr. West evidently because he recognized the absolute lack of training in the nurses who cared for the sick children, and also to increase the funds of the hospital, the proceeds of the sale of the book being devoted to the benefit of the hospital. The present edition of the book, which is prefaced by Dr. George F. Still, M.D., at present a physician to the Great Ormond Street Hospital for Sick Children, is most remarkable as a monument to the spirit of conservatism and also of faith in old institutions that one finds in England as in no other country. The book has many practical points which no one would attempt to undervalue, but the writer naturally, fifty-six years ago, addressed a class which to-day it would be hard to find. These nurses were not taught anatomy or physiology, the materia medica is confined to a side mention of "cups," "leeches," "blisters," and, once, "calomel." One gathers that the nurses of that day lacked tenderness and womanly qualities, that they knew little or nothing of children, for the good old doctor advises the nurse in such matters as singing to the weary little sufferers; telling the older ones stories; suggesting for the help of the unimaginative such subjects as "your own childhood, the village where you played, your church, your clergyman." Nay, he even goes further and advises carefully selected fairy tales with this apology: "'Goody Two Shoes,' 'Cinderella,' 'Blue-Beard,' or 'Beauty and the Beast.' I name them because I would not have you think that fairy tales are too foolish to be told now that we have so many good and useful books for children. Grown people need amusement sometimes, and children, when well, cannot always be reading wise and useful and instructive books. The story which teaches nothing wrong, which does not teach a child to think lightly of what is good and right, which, in short, does no harm is one you need not fear to tell to

children, even though it does not impart any useful knowledge or convey any important lesson. God Himself has formed this world full not only of useful things, but of things that are beautiful and which, so far as we can tell, answer no other end than this, that they are lovely to gaze upon, or sweet to smell, and that they give pleasure to man. Your special business, however, when a child is ill is to give it pleasure, such pleasure as it can partake of; and in exact proportion as you can succeed in this will you in many instances promote the child's recovery."

From the foregoing it will readily be seen that the book will sell as a curiosity in nursing literature rather than for the claims of its title. One wonders that the new edition should be sent out without any suggestion of its value for purposes of comparison between the past and the present. Nevertheless one loves the good old doctor and recognizes through the whole book a distinct effort to help these women as women, as well as trying to get them to the point of being of use to himself.

**PARCIMONY IN NUTRITION.** By Sir James Crichton-Browne, M.D., LL.D., F.R.S. 12mo cloth, 75 cents net. Funk and Wagnalls Co., New York.

It is not to be wondered at that the present fad for frugality in nutrition should raise a protest and it seems particularly appropriate that a particularly strenuous protest should be heard from England, where for generations they have called the army and navy to the mess with the tune "Oh, the Roast Beef of Old England! and oh, the old English Roast Beef." The writer complains that one-half the world is possessed by a terrible fear of growing fat, and that this half is confronted by the other half wildly fighting a wasting leanness. Naturally, Sir James, being a Britisher, sides with the under dog. The luxurious indulgence of the rich which causes them to moan on the weighing machine and to whisper to each other of the latest antifat remedy does not stir his heart to pity except for the money which goes to waste. His concern is for those, who, under this cry against too much food, are liable to have too little. Statistical and experimental studies, and careful laboratory tests, point to a prevalence of excess in feeding which Sir James Crichton-Browne is prepared to combat to the last ditch. There is a good deal to be said for his contention that all that great body who are in one way or another wards of the public—the prisoners, the inmates of charitable institutions, as well as the army—need no reduction of the dietetic scale.

He complains that the standards of Voit of Munich, and Atwater of the United States, which have been very generally accepted by the world

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as the minimum of what is necessary for the maintenance of health and strength (the Voil standard allows the average working man 118 grammes of proteid food, 56 grammes of fat, 500 grammes of carbohydrates; with a total value of 3055 calories, increasing under hard labor to 3370 calories per day. Atwater's standard for a man, doing moderate work, calls for 125 grammes of proteid food with sufficient fat and carbohydrate to equal 3500 calories) are being endangered by a new dietetic philosophy which has arisen in America; he calls it an American doctrine and accuses as arch heretics two exponents, namely, Mr. Horace Fletcher and Professor Chittenden, of Yale. Mr. Fletcher, the prophet of mastication, he regards as, on the whole, a harmless fakir, Professor Chittenden as a dangerous foe. Of the former he speaks rather with amiable toleration, as one whose rise and fall is discernible in a day, noting him an enthusiast loudly hailed by enthusiasts, and quoting in particular the panegyric of Dr. Kellogg of Battle Creek, who writes: "You are certainly promoting the most important hygienic reform which has been brought forward in modern times; you deserve the gratitude of the world." "We are chewing hard at Battle Creek, chewing more every day." "We have gotten up a little chewing song, which we sing to the patients. The idea of munching parties is a good one. . . ." "A quartette sang the chewing song just before my lecture in the parlor last evening." "I read some of your notes to my colleagues, and they were so much affected that tears came into our eyes."

Professor Chittenden is dealt with as a much more serious foe, the remainder of the book, five chapters out of a book of six, being employed in adducing evidence from the world's history to prove that the highest civilization and the greatest achievement has gone hand in hand with a generous and varied diet. Sir James fears that Professor Chittenden's work will arouse more cupidity than economy. He sees that the class who need to economize are already in danger of overdoing in this direction and advises teaching the selection and preparation of food that will ensure the proper amount of proteid; not instructing the poor on the art of existing on an attenuated fare, which starves them of every virtue except life itself. He touches on the danger of increasing disease of the nerves or tuberculosis by lowering the standard of diet and the reviewer is reminded of the saying of an old professor of medicine now long since gone to his rest: "Nature can dispose of a surplus but she can't make up a deficiency." The tendency of the times to a more and more strenuous life certainly does not seem to call for a reduction of the present standards of living, and we may hope that while public interest remains in its present wide-awake condition we may look for better things, rather than changes for the worse.

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